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ANALYSIS

OF A REPORT OF THE

HOSPITAL OF LA CHARITE AT BERLIN,

FOR THE YEAR 1832,

By C. F. KUHK, *Assistant-Physician to the Hospital.*

IN a late number of THE LANCET we gave a brief view of the statistics, management, population, &c., of the principal hospitals in Paris. The first number of *Rust's Magazine* which we have received for this year, gives us an opportunity of analysing the *compte-rendu* for 1832, of the principal hospital at Berlin. There are several points of difference between the medical establishments in France and Germany, which are well worthy of notice, while a comparison of both with our own hospitals cannot fail to suggest many ideas that may hereafter be applied not only to the benefit of the community, but to the advancement of medical science.

The *Charity Hospital* of Berlin (*das Charité Krankenhaus*), named, probably, after the *Hopital de la Charité* at Paris, is built on the foundation of a lazaretto which FREDERICK the First erected in 1710, during the prevalence of the plague in Prussia and Poland. The disease fortunately did not reach the capital, and the building was used partly as a poor-house, and partly as a military hospital, until 1726, when FREDERICK WILLIAM converted it into a clinical hospital. Various changes and additions were made between the years 1785 and 1800, at which time the hospital was capable of accommodating 680 patients. The growing population of Berlin soon rendered an enlargement necessary, and in 1831, an additional building was added for the reception of 300 patients affected with venereal diseases and the itch, and for the sick prisoners.

The medical service is performed by chief physicians and surgeons, to each of whom is attached an assistant-physician, surgeon, &c.

The chief physicians and surgeons are, Drs. KLUGE, TRUSTEDT, BAREZ, Professors JUNGKEN, WOLFF, and DIEFFENBACH; Drs. IDELER and RUST, jun., HANCK, GEDIKE, and WAGNER.

The assistant-physicians and surgeons, to the number of eleven, are compelled to live in the hospital. Dr. FRORIEP is prosector and curator of the museum.

The number of persons employed in the hospital, including 29 medical men and nurses, amounts to 225; and the annual expense to 110,500 rthbr., or about 16,575*l.*,—sixteen thousand five hundred and seventy-five pounds sterling, counting the thaler at 75 sous.

When the patient is an inhabitant of Berlin or Potsdam, he is received into the hospital free of expense; otherwise he, his master, his corporation, &c., are obliged to pay 7½ S.gr. (about 4¼ pence) daily for his support. If the patient require a better lodgement, he has to pay from 10 to 17½ S.gr (from 25 to 44 sous); and those of the better class pay in a three-fold proportion, 15, 20, and 70 S.gr, per day: about 1*s.* 6*d.*, 2*s.*, and 2*s.* 10*d.* per day.

The population of the hospital for the year 1832 was as follows:—

	Men.	Women.	Total.
Remaining since 1831	402	330	732
Received into the hospital in 1832	3283	2033	5316
Born in the house....	133	117	250
	3818	2480	6298

Of these there were

	Men.	Women.	Total.
Cured or in a state of cure.....	2739	1826	4563
Incurable	79	59	138
Quit without leave ..	8	7	15
Died	551	292	843
	3377	2184	5559
Remaining....	441	296	737

From the above table we may draw the following conclusions:—

The number treated was to the number cured and improved as 1.38 to 1, and to the deaths as 7.4 to 1. This gives a proportion very nearly similar to that of the two great hospitals of Paris, the *Hôtel Dieu* and *La Charité*, where the deaths are to the number of patients as 14 to 100, or as 1 to 7.14.

The total number of surgical operations performed during the year is not given; only the most remarkable are noticed; and the mortality exactly equalled the success obtained: thus of 46 operations 22 were followed by cure, 22 by death, and two by an improvement in the condition of the patient.

The principal operations were:—

	Case.	Cure.	Death.
Trepanning	1	0	1
Rhinoplastia	2	2	0
For strangulated hernia	14	4	10
Hydrocele	2	1	1
Lithotomy	1	improved.	
Amputation of the humerus	3	0	3
Ditto femur	3	0	3
Ditto leg	4	2	2
Disarticulation of the shoulder	1	1	0
Ditto of the hand	3	3	0
Ditto of the thigh	1	0	1

The number of patients received into the medical wards of the hospital was 1526, and in that department the deaths were to the sum of those treated as 1 to 4½. This is a very remarkable mortality, if we remember that at the Hotel Dieu of Paris, where more than 9000 medical patients are treated annually, the deaths are not more than 1 in 13.

The following are the most interesting facts which we find noticed in the report:

RHINOPLASTIA.

This operation, so much improved by modern surgeons, and particularly by DIEFFENBACH, was performed with the happiest success in two cases. The first case, in which the patient's nose had been destroyed by a syphilitic affection, was attended with a circumstance which deserves remark. The lower portion of the flap taken from the skin of the forehead, and destined to form the septum, was seized with gangrene, and sloughed away in spite of the utmost care. The operator, M. DIEFFENBACH, successfully remedied this unfortunate accident, by cutting a small long flap from the middle of the upper lip: this remained in connexion with the left side, and being twisted outwards and upwards, was joined to the point of the new nose, which was paired to receive it. The point of the nose and nostrils were repaired by this means in a most favourable manner, and the wound in the lip easily healed by the twisted suture.

OPERATION FOR STRANGULATED HERNIA.

This operation was performed fourteen times; in ten cases for femoral, in four for inguinal hernia. The difference of result was strikingly remarkable; for the latter operation succeeded in half the cases, while the former was attended with a happy result only once in five. The femoral herniæ were all observed in female patients.

INGUINAL HERNIA—OPERATION—BOWEL WOUNDED—DEATH.

A young man, nineteen years of age, who had been affected with inguinal hernia for four years, was received into the hospital; strangulation had existed for four days, and the operation was therefore immediately had recourse to. The intestine was easily returned into the canal; however, it descended as fast as it was replaced, and this led to the idea of a stricture at the inner ring. The surgeon endeavoured to free this opening with the bistoury, but unfortunately the intestine, at the neck of the sac, was wounded to the extent of about four lines. The wound was immediately united by suture, and the intestine fully returned; however, symptoms of inflammation, with vomiting, obstinate costiveness, &c., immediately appeared, and the patient died on the 8th day. The portion of gut contained in the sac was much inflamed, covered with lymph, and united to the inguinal ring. The wound of the intestine was not healed.

FEMORAL HERNIA—THIRD OPERATION—DEATH.

An elderly feeble woman, sixty-two years of age, who had been twice operated upon in the hospital for strangulated femoral hernia, had the misfortune to return a third time in the same condition. All attempt at returning the voluminous hernia was vain, and the operation became indispensable. This was not completed without a great deal of difficulty, and the intestine could not be perfectly returned, although the opening by which it had descended was sufficiently dilated; a new portion of gut constantly came down. On account of the feeble state in which the patient appeared, it was thought advisable to abstain from any further manœuvres, to protect the intestine from any

external influence, and to have recourse to nothing but palliative measures; the patient died in ten hours after the operation. On examination of the body, the whole intestinal canal was found highly inflamed, and the contents of the sac, to the extent of a foot, were discoloured and thickened.

OPERATION FOR HYDROCELE FOLLOWED BY DEATH.

The subject of this case was a man thirty-two years of age. The disease seemed to have been brought on by external injury to the scrotum, and punction, frequently repeated, had merely been attended with a palliative effect. The patient, on being received into the hospital, laboured under a catarrhal affection, on which account the radical cure by incision was postponed. The catarrh being removed, the operation was performed without any accident, except some hemorrhage from a small artery that was soon arrested by the ligature. The case went on favourably for five days, when the scrotum was seized with inflammation, which made rapid progress, and in some places terminated in gangrene. In spite of all general and local means, the gangrene continued to spread, the fever assumed a nervous character, and a pseudo-erysipelas set in, which ascended from the wound along the belly and side as far as the axilla. The patient now became delirious, sunk rapidly, and died on the twelfth day after the operation. On examination of the body, the cellular tissue from the scrotum to the axilla was found in a gangrenous state; the lungs were hepatized, and presented the appearance seen in chronic pneumonia.

AMPUTATION OF LIMBS.

Of ten amputations of the extremities performed in the course of the year, only two (amputation of the leg) were followed by a successful result. The causes of this extraordinary mortality are not clearly indicated in the report before us, although M. KUHK endeavours to expose some of them. In many cases amputation was required for severe compound fracture, and the reaction which came on destroyed the patient in a short time. In other cases, where a more favourable prognosis might have been formed, the patients were attacked and carried off by diseases in no way connected with the operation; this particularly comprehends delirium tremens, which seems to be endemic amongst a certain class of the Prussians amongst the lower classes, who are most subject to violent fractures from falls, and other accidents of the same kind. The method employed in all cases was the circular incision, *en deux temps*, in order to saw the bones with more security; instead of the linen retractors hitherto used, M. DIEFFENBACH is in the habit of employing a retractor composed of two plates of varnished metal, united by a hinge, and leaving in the middle a circular hole for the reception of the bone that is to be sawed. During the act of sawing, he keeps up a constant stream of cold water from a sponge on the division made by the instrument, partly to prevent the saw from "getting warm" (!!!) and partly to favour its movement. He always makes use of the ligature, not thinking torsion as sufficiently secure.

Amputations performed for any recent injury are *always* healed by the first intention; but when the original disease is chronic, or accompanied with a copious secretion of pus &c., the professor has recourse to union by suppuration.

The comparison of exarticulation with amputation gives a result remarkably favourable to the former, for, of seven cases of amputation at the joints, six recovered. Perhaps the cause depends less on the difference of the two operations, than on the nature of the affections for which they were employed.

AMPUTATION AT THE SHOULDER-JOINT.

This operation was performed upon a child eleven years of age, whose upper-arm had been engaged and completely crushed in a piece of machinery. A small portion of skin, and some fibres of the deltoid muscle, were the only soft parts by which the arm remained attached to the body; all the rest were quite destroyed. On the patient being received into the hospital he lost a great quantity of blood from the wound, although the brachial artery, whose pulsations could be distinctly felt in the mass of flesh, was not torn through. The disarticulation of the joint was performed according to LARREY'S method. The upper part of the wound, which presented an equal surface, was brought together by suture, supported with sticking-plaster, and the rest, where suppuration seemed inevitable, was filled with charpie. The febrile symptoms which supervened were mild, and the boy went out perfectly cured in less than six weeks. Amputation of the wrist-joint (an operation not in favour in our country) was successfully performed in three cases; in two it was rendered necessary, in consequence of injury inflicted by machinery; in a third by caries of the metarcapal bones extending into the

joint. In the first of the two former cases only a single flap could be obtained from the palm of the hand; it was turned up and retained by suture, and the greater part healed by the first intention. In another case the head of the ulna, to which the caries had extended, was removed with the rest of the joint.

An exarticulation of the hip-joint, performed by Professor DIEFFENBACH, for an enormous osteo-sarcoma of the thigh, was unsuccessful. The limb was removed with dispatch and facility, after LARREY's method; but the patient, a child thirteen years old, scrofulous, and of weak constitution, sunk under the suppuration in thirteen days.

OPHTHALMOLOGY.

Diseases of the eye have been studied with peculiar attention and minute research by the Germans, and almost all the principal hospitals have a clinique for that branch of medicine attached to them, where the pupils have an opportunity of observing, and even themselves, treating every form of ophthalmia, &c.

Cataract was observed in twenty-one individuals,—sixteen males and five females; in five of the former, only one eye was affected; in all the rest of the cases both eyes were completely blind. As to the different forms under which the disease presented itself, we find one case of incipient cataract, and one of central:—C. traumatica, 3; Congenital, 1; Capsulo-lenticular, the consequence of old age, 8; C. from repeated inflammation, 3; relapse of Cataract, after former operations, 4. In the whole, thirty-seven operations were performed, which may be classed in the following manner:—

	Cases.	Failed.	Improved.	Cure.
Extraction of the cataract { incision upwards }	6	1	1	4
Extraction of the cataract { ditto downwards .. }	10	2	1	7
Depression of the cataract with reclination	6	3	0	3
Discision of the cataract by scleroticonyxis*	9	0	0	0
Discision by keratonyxis	3	1	0	2
Extraction of secondary cataract	2	0	0	2
Partial extraction	1	0	0	1

* (This corresponds, we believe, with the method of reducing to fragments employed by SCARPA and ADAMS.—ED. L.)

Thus we see that the method of operating employed at the *Hopital de la Charité*, of Berlin, is very varied and modified, according to the exigencies of the case,—a principle much more rational than if we were invariably to extract with ROUX, or depress with DUPUYTREN. Of the thirty-seven operations performed, twenty-four were followed with success, four with partial success, and nine with failure; giving a proportion of unsuccessful cases to the number treated, as 1 to 4.1111, &c. This is a large proportion of failures; we are not in a condition to compare the practice of the Berlin Hospital with other large establishments, but a friend has informed us that he remembers hearing Baron DUPUYTREN *say*, that he succeeded in seven-eighths of his cases of depression, and we know that the practice of M. ROUX at *La Charité* is even more successful than that at the *Hotel Dieu*.

PARTIAL EXTRACTION OF CATARACT BY A NEW PROCESS.*

The conviction, confirmed by experience, that the lens is always removed when exposed to the action of the aqueous humour, and the uncertain results obtained by discision, when the capsule in its quality of serous membrane unites again, and thus prevents the fragments of the lens from being submitted to that action, induced Professor JUNGKEN to seek for another method, calculated to inflict less injury than extraction, and at the same time more certain in its results than discision; it consists in removing completely the whole of the anterior wall of the capsule of the lens, and thus leaving that body exposed to the free action of the aqueous humour.

An operation of this kind was performed on a young girl of weak constitution. The cornea was divided with a cataract knife to the extent of three or four lines. The incision, which commenced on the outer side, about half a line from the sclerotica, ran parallel to this latter, and made an opening, through which a fine hook was introduced to the posterior chamber; the operator now seized with the hook the inner edge of the capsule, and endeavoured to divide it at the circumference and bring it out through the incision in the cornea.

* Called "new" by the operator, but we cannot see that it differs much from that of the late Mr. Sanders.

The latter part of the operation did not quite succeed, and he was forced to introduce a small forceps, with which the remaining portions of the capsule were removed. The inflammation following the operation was very slight; but after a few days, in consequence of the action of the aqueous humour, the lens became swollen, and by its pressure on the iris gave rise to symptoms of incipient iritis; but these were removed by an antiphlogistic treatment, and in four days after the operation all danger and unpleasant sensations were removed. The anterior chamber now appeared full of masses of the lens; however, these soon disappeared under the absorbing activity of the aqueous humour, and in less than the space of four weeks the pupil appeared dark and the vision was restored to a most satisfactory state.

OPERATION FOR ARTIFICIAL PUPIL.

This is an operation which very seldom succeeds, even in the hands of the most experienced and practised operators: even M. Roux, according to the testimony of M. Rognetta, fails in ten or eleven cases out of twelve.

Amongst the numerous methods of performing the operation for artificial pupil, only two are employed at the Berlin Hospital, viz., iridectomia and iridodialysis. The former was attended with results which must be considered very favourable, for in eleven cases the operation fully succeeded seven times, partially three times, and failed only once, while the cases treated by laceration remained in the same state as before the operation.

Leucomatous opacity of the cornea, the effect of blenorrheal ophthalmia or frequent inflammation, was the most general indication for the formation of a new pupil, which Professor Jungken performs in the following manner: He makes an incision three lines in length close to the edge of the sclerotica: this is sufficient in all cases to produce a prolapsus of the iris, and it is by no means necessary to introduce any instrument into the anterior chamber; the prolapsed part being seized with a forceps, a portion of the iris is cut away with Cooper's small scissars so as to make as large a pupil as possible, which should be the main object of the operator. In four or five days hardly any trace of the wound made in the cornea remained, the new pupil already had assumed a larger diameter, and the vision was more or less restored.

The unsuccessful case of excision depended on the circumstance, that during the operation a spasm of the orbital muscles came on, so violent as to expel the lens, together with the iris.

Iridodialysis was performed once on a young man, twenty-three years of age, affected with partial staphyloma of the cornea; only a narrow strip of the cornea remained clear, and the separation of the iris from the ciliary circle was effected opposite this point, though with very little hope of success. A central cataract of the lens was now for the first time discovered, and the acute inflammation which followed, left the eye nearly in the same state as before the operation.

ON THE LOCAL AND GENERAL

INFLUENCE ON THE BODY,

OF

INCREASED AND DIMINISHED ATMOSPHERIC PRESSURE.

By Sir James Murray, *M.D., T.C.D. and Ed.; M.R.C.S. Ed. &c., Dublin.*

To the Editor of The Lancet.

Sir,—Every medical man who has been the first to propose or practise an improvement in his profession, is naturally anxious for the credit of his discovery. The process of altering the density and pressure of the atmosphere on the whole body, or on one or more of the limbs, was submitted by me to the profession after long reflection, but I did not think that it met with the consideration it deserved. During the prevalence of the cholera here, all my time was engaged as a member of the Central Board of Health, and I had not a moment for personal attendance on the sick; therefore the adaptation of my theory to practice was not so well supported as I could wish. After that time, long absence in Italy, and subsequent illness, prevented my prosecuting the subject with attention, but since my return to Dublin I have renewed my endeavours to render the general and topical powers of this agent better understood, and to extend its application in aid of the treatment of many disorders. Actuated by this desire I read a paper on some of its adaptations before the *Surgical Society of Ireland*, and had determined to give the results of certain trials in a separate publication, but seeing the paper of Dr. Clanny in The Lancet of the 7th inst., I am now induced to submit my views to the profession through the same channel.

I am much more anxious respecting the *merits* of my propositions than their *priority*; but if Dr. Clanny entertains any doubt of the latter, I can refer him to most

respectable medical gentlemen with whom I have made the rarefaction and condensation of air on man and other animals a subject of discussion since 1812. The application of this process to cholera was only a small part of my original propositions, as I still think it applicable to many other purposes.

Dr. Clanny has candidly awarded me the merits of the *practice*. I am pleased that the theory presented itself to his mind. I have no doubt that he will evince the same liberal feelings as those which actuated Dr. Orpen, when set right on this identical point by my friend Mr. Carmichael, in 1832.

The correspondence on that occasion is so short, so convincing, and so little known (owing to the alarm which existed at the time), that I beg leave to quote it here in reference to the late experiments of Dr. Junod, and as confirming in *practice* many of the anticipations which Dr. Clanny entertained in *theory**:—

"In answer, Dr. Orpen sent me a very candid reply, concluding as follows:—'If you wish, I will write to the *Medical Journal* acknowledging that you have convinced me of the priority of your ideas; occurring *first* to your mind without suggestion as they did *afterwards* to mine without suggestion. I am truly yours, C. E. H. Orpen, Aug., 1832.'

"This is so fair as to render further observations unnecessary. The following case was drawn up by Mr. M'Kenna of the Cholera Hospital, by direction of Dr. Hart. The termination was fatal, but the influence of the *abstraction of air* was put beyond doubt, if a proper mode of accomplishing that procedure could be easily effected, *and continued for a sufficient time in the horizontal position*. An artist is now preparing a bath for that purpose.

"'August 20th, 1832.—*Case.*—Patrick Molloy, 23, South King Street), of robust frame, entered at half past five this morning, in collapse, with blue skin, extremities cold and shrivelled. At twelve o'clock noon, was put into the air-bath. Before removal from bed he had, along with the foregoing appearances, his respiration at 36; pulse in the subclavian and brachial arteries 104-8. There was none to be felt on the most careful examination at the wrists; much thirst; no vomiting nor purging. After being three minutes in the bath, the respiration rose to 46, but gradually subsided, and did not rise to above 40 afterwards; the mercury was raised at this time about an inch in the tube, to which height it was kept as nearly as possible. He complained occasionally of faintness, but improved evidently in the expression and colour of countenance. After remaining sixteen minutes and a half in the bath, he was removed at his own desire, and conveyed carefully to bed. The heat in his body and limbs was very sensibly improved; the respiration 40; the pulse (which had become perceptible at the wrist) 136; the body not moist; *the limbs covered with a profuse perspiration*, the improvement in colour and expression of countenance continuing. At a quarter of an hour after this he holds the benefits derived from the bath. I am bound to add, that the alterations made in the bath were the greatest improvements, and the machine gave us no more than unavoidable trouble.—J. W. M'Kenna. August 20th, 1832.'"

Long since I proposed the abstraction of atmospheric air from the *trunk* of the body, I heard that some non-medical person had suggested an apparatus for withdrawing air from the *limbs*, but in the latter case the principles and practice were entirely different.

The original paper sets forth my reasons for the suggestions, so plainly and explicitly, that I am anxious to quote it here, as well to explain the doctrine as to render the future propositions of this paper more intelligible. Drawings are not given, because every artist is at liberty to copy any part of the apparatus, which is much preferable to tedious descriptions.

It is hoped that the substance of the publication of 1832 will not appear tedious to the readers of The Lancet, it being necessary as a preliminary explanation of the intended continuation of this paper.

"*On the Efficacy of Diminished Atmospheric Pressure in some Cases, and of Increased Compression or Condensation in others.*

"*To the Editors of the London Medical and Surgical Journal*:—Gentlemen, In a work of mine on *Temperature*, reviewed by you in 1830, many experiments are detailed, and suggestions offered, on the influence of an altered atmosphere, both on the lungs and surface of the body. The continued investigation of these subjects since that time, both in a philosophical and medical point of view, led me to examine the effects of the common air itself, when varied in its density and pressure by art. The results of this inquiry appear so important, as to induce me to

* Printed in a work entitled the "London Med. and Surg. Jour.," but here partly abridged by us.—Ed. L.

submit the principle for the opinion of others, before I could sufficiently ascertain its probable value myself. If the resources of philosophy can be made available in this instance to the purposes of life, much of that delay and expense may be avoided which the imperfection of our machinery obliged me to contend with in this country.

"In the course of the experiments instituted on respiration, I observed that an animal confined in an air-tight vessel did not appear to suffer much inconvenience, if a proper supply of air were afforded for breathing by a hood adapted to the mouth and nose, while, at the same time, the air in the vessel was exhausted or rarefied by a pump to the extent of two or three pounds on the square inch. After incredible labour and expense, I succeeded in procuring a kind of bath, into which a young man was introduced, with a hood attached, leaving an open space for the eyes, mouth, and nose, and luting the margin of the opening round the cheeks and forehead by means of oiled silk or wet bladder. The pump was then connected with the bath, and the air exhausted till the mercury rose three inches in the glass-tube fitted as a guage. As might be expected the skin became instantly hot, turgid, and red, and perspiration broke out profusely; he seemed very easy, rather exhilarated, and appeared to take in large inspirations of air; the chief sensations he felt were, a drawing of the abdomen forwards, and the speedy heat of skin. Though above two tons weight of air were removed off this man, he remained in twenty minutes, and came out very warm and wet with perspiration; the vessels of the skin were distended, and the surface red; his master, who was present, then entered the bath, and with similar results. Encouraged by the safety of these trials, I attempted to form a horizontal case or vessel, of patent air-tight cloth on hoops, but owing to the want of a good artist I could not well succeed in this attempt; others, however, may be more expert and successful.

"As I find that half a pound abstracted off the square inch produces great determination to the skin, and expansion of the chest, there is no necessity for great strength, whatever vessel or chamber may ultimately be adopted, should the principle become applicable in practice.

"The effects of a rare atmosphere are pointed out by those who have ascended very elevated situations, but in such cases the air inhaled was as light as that around the body. On the contrary, it is natural to expect different results if you place a man in a rarefied atmosphere, who is at the same time breathing air of the usual density and pressure. Abstraction of a ton or half a ton weight from the surface, permits the cutaneous vessels easily to fill, and favours their distention as it were by suction, while, at the same time, the lungs receive a column of the usual expansive force supporting the interior trunks and organs, pressing and propelling out the blood from the centre to the circumference. In this consists the novelty and value (if any) of the principle I propose, and in this it differs from dry cupping of *a part of the body, or one or more of the limbs.*

"So far as respiration is concerned, the trunk resembles an elastic vessel, capable of expansion, and again of contraction by muscles and cartilages, and this contraction can take place even when the exterior pressure is taken off. If we, therefore, lift away two or three hundred weight from the circumference of the thorax and abdomen, we facilitate pulmonary expansion to that extent, by the easy descent of the diaphragm, and elevation of the walls of the chest; we then fill this vacuum with an atmosphere capable of rendering the expansion complete, without deranging the economy of the circulation.

"Whether useful or not, the means of contributing to the repletion of the lungs with, probably, double the ordinary volume of air, and, consequently, effecting a more perfect oxygenization of the blood, must present to the philosopher an agent of great power indeed. Whether this new agent shall ever become available in *practice* remains to be ascertained, but in *theory* it would seem capable of producing novel and important results, in determining revulsion from the interior to the exterior; in difficult respiration; inward congestion; apoplexy; suppressed eruptive diseases of the skin; sudden colds, incipient fevers, or other affections depending upon the obstruction of the pores of the external surface; in certain female complaints; cold stages of intermittents; in short, in all partial or irregular states of the circulation, the distribution of blood to parts remote from those suffering from congestion, promises to fulfil indications in a few minutes which were formerly but very slowly effected by the lancet, or by existing medicines, and often by the reaction of Nature herself. In many diseases of joints and internal inflammations, further depletions are unsafe, from the danger of debility, though the interior inflammation requires more venesection. Can this new agent solicit the vital fluid from the centre to the circumference, and save it from being drawn off at a vein or wasting uselessly?

In my work on 'Heat' I have pointed out the sympathy and connexion between the external skin, the medium of almost all impressions, and its continuations lining the organs of respiration and digestion, and how relieving the one instantly affects the others. A convolution of the skin turns in and lines the tubes of the lungs, presenting a surface twelve times more extended than that of the outer superficies of man. A further continuation of this cutaneous membrane lines the alimentary passages throughout all the turnings and windings, and is redoubled over their folds, to an incredible extent. All these sympathize so perfectly and suddenly, that when the exhalation on the surface is suppressed, a rapid revulsion is determined to some inward portion of this great continuous membrane. For instance, in cholera, whatever cause it is 'that poisons up the nimble spirits in the arteries,' dissolves the connexion of our elements, contracts and empties the exterior exhalents, and distends those within,—in this plague, the state of the pallid, cold, and lifeless skin, the bloodless branches and engorged trunks, the black and unoxydized blood, the constricted respiration, the compressed abdominal parietes, the suffused nervous pulp and membranes, would all seem to demand some power such as that now proposed, to restore the equilibrium of the circulation, without over stimulation: to *draw* out the blood not to *drive* it; to fill the bloodless branches, and, in proportion, empty the overloaded trunks; to generate heat from within, not to communicate it from without; to determine from the overcharged inner organs to the empty and wrinkled skin; to impart oxygen to the blood by larger volumes of air, and, consequently, to save the brain from the fatal effects of unoxydized blood. These are some of the effects which I fondly anticipated from the resources now submitted. Whether any of the symptoms of cholera can be mitigated or retarded by this artificial process, remains yet to be ascertained. Besides the almost mechanical results expected from removing twenty or thirty hundred weight off the exterior, there are chemical and electrical considerations which may deserve attention. I observed that the air pumped off from the body *whitens lime water much faster than is effected by common air, and therefore where the blood is black, drawing off carbonic acid gas from the skin may afford beneficial consequences.*

"Further, independent of the abstraction of blood from the spinal column and ganglionic nerves, it appears to me that the new process may alter their electrical condition, both by insulating the body, and also by keeping it some time surrounded by a rarefied and drier atmosphere, and, consequently, modifying the electrical influence of the air on the nervous system.

"As the merits or demerits of this proposal will all present themselves to the physiologist, I need not enlarge further, but conclude by offering the following cases of cholera, drawn up by Dr. Hart, the indefatigable superintendent of the *Townsend-street Cholera Hospital* in Dublin. It is needless to observe, that no hope of ultimate recovery was entertained in either case, and that the mechanism of the bath was so imperfect as to prevent my giving a plan or drawing of it, because any good artist could soon furnish one much more simple and efficacious. Here I may observe, that it will probably be found that steam may be proved the most convenient exhauster, for every inch of steam condensed will produce a vacuum of air in the bath to the same extent. This can be effected either in the bath or by a small vessel attached by a stop-cock. Some ingenious person may also contrive a small wire frame to cover a person in bed, and draw over it a covering of air-tight cloth, furnished with an oil-leather hood for the head, or else a collar, adapted, air-tight, round the top of the sternum, clavicles, and back of the neck. Here the exhaustion of air might take place to a sufficient extent under the bed-clothes. The exhaustion should be gradual, and if carried further than the elevation of one or two inches of mercury, a common bandage might be folded round the abdomen. Where the cause of cholera affects the principle of life, it is almost hopeless to expect a cure; but when the lesion is not so destructive, some of the effects may be alleviated, and prevented from becoming new sources of progressive derangement in the rapid circle of causes and effects mutually reproducing each other in this alarming malady.

"'*Case 1st.*—June 30th, 1832. John Keating. * * At fifty-two minutes past one o'clock p. m., no improvement having taken place, he was placed in the exhausted receiver of Dr. Murray, every part of his body being covered except the eyes, mouth, and nostrils. The pump being adjusted, the exhaustion was commenced, and continued fifteen minutes. After the first ten minutes the breathing became quicker and the breath warm. He expressed himself pleased with the effects produced, and said he was more comfortable and "snug." In fifteen minutes he complained of feeling faintish, and was removed from the apparatus. The body was now warm and moist, feet warm, but

hands cold, and the wrists without pulse; *no cramps were experienced either whilst he lay in the receiver or afterwards.* He felt a little fatigued on being removed, but was revived by the use of a little warm brandy and water. It is evident he has not been injured in the slightest degree by the process. He probably might have derived more comfort and advantage from its use, were it of such a construction as to permit the body being placed in it, and again removed, without much disturbance.

JOHN HART, M.R.C.S.'

"'*Case 2nd.*—James Fitzpatrick, aged fifty, of broken-down constitution and drunken habits. At fifteen minutes to seven p.m., he was placed in the bath; at this time the radial pulse was imperceptible; the carotid 100; respirations twenty-eight in a minute; temperature of body, at axilla, 82; body universally bedewed with cold sweat; face and extremities blue; voice scarcely amounted to a feeble whisper. He remained in the bath twelve minutes; on being taken out, the radial pulse was distinct, 117; respirations, forty in a minute; body universally warm to his own sensations; by the thermometer the temperature remained the same as noted already; his voice became firm and of the natural tone. At two a.m., 5th July, his state was thus:—body and extremities warm; pulse 120; respiration twenty-eight; voice natural. He was given some brandy, and also carbonate of ammonia. He remained without any unfavourable change for about twelve hours, when he began to sink; the customary means were employed, but only with the success usual in such cases. He died at five p.m., on the 5th July, twenty-two hours after the trial of the experiment.

THOMAS FERRAR.'

"'*Case 3rd.*—John Thornton, ætat. forty-four, ill six hours, labouring under the usual symptoms of cholera, entered July 5th in collapse; pulse at wrist perceptible, in the carotids weak and fluttering; was placed in the exhausting bath, in which he remained about twenty minutes; thirst continued, with great impatience for drink; seemed occasionally disposed to sleep, but with no other indication of being influenced by the removal of atmospheric pressure. On leaving the bath his energies seemed to be somewhat increased, but in a little time he fell into that comatose state which, in these cases, is commonly succeeded by death. This morning he appears a shade lighter, and is now (half past three p.m.) nothing worse.

"'Thornton lived till eleven o'clock next day, after the above notes were taken. The three cases were beyond the reach of art, when at last this process was resorted to, and though death could not be averted, the fatal termination seemed certainly to be delayed. J. W. M'KENNA.'

"I have the honour to be,
Gentlemen, &c. &c. J. MURRAY."

The following paper, now forwarded to you for insertion in THE LANCET, was lately read by me before the *Surgical Society of Ireland.*

GENTLEMEN,

Two or three interesting discussions have already taken place in the *Surgical Society of Ireland*, on the *theory* of the effects arising from dissection wounds, and I hope it will not now appear out of place, if I lay before you some outlines of the principles which I think should direct our *treatment* on those occasions. To those who lament the loss of Dease, Shekelton, and many others, suggestions will not be considered useless on a subject which concerns the safety of the pathologist as well as that of the student of anatomy.

You are well aware, Gentlemen, that no plan hitherto devised has been found capable of preventing the progress of any subtle poison to the heart, except that which comprises some modification of "suction." You also know that during post-mortem examinations, when the hands are covered with the most offensive animal matter, suction by the mouth is seldom efficiently practised, and also that it is difficult to employ exhausting or rarefying glasses on unequal surfaces, such as those of the fingers and other parts of the hand. The consideration of these difficulties led me to contrive a metallic case for embracing the whole hand, with an adaptation to render it air-tight, either above or below the elbow, a pipe to connect it with the exhausting syringe, and another to attach it to a mercurial guage which should regulate the degree of vacuum. When the rarefaction is properly effected, it can be continued for any length of time which may be considered requisite for the protection of the patient from the effects of these wounds, as well as the effects of the bites of rabid animals, and other means of introducing deleterious matter.

This plan is certain of being effectual for spaces between the fingers, where the proper suction could not be effected by the mouth, or by any topical instrument. This mode is sure to embrace every scratch about the parts which have been most exposed, —even such, indeed, as are not seen, felt, or suspected. It will not only act as an effectual preventive, if used by way of a precaution, but it will greatly assist the

cure, even after the symptoms have set in. Sir David Barry was able to arrest the most violent constitutional symptoms in inferior animals by dry cupping.

Long before the discussion on these matters commenced here, I had put into the hands of your secretary, Dr. Jacob, and others, a prospectus of some lectures, in which I had proposed to explain this, and similar adaptations of the principle; but as the plans require demonstration, in order to become perfectly intelligible, I shall not now trouble you with a description of them.

The value of suction in preventing the introduction of poisons into the circulation, was as well known to the ancients as it is to the moderns, and was much more frequently practised by them. The wound of Philoctetes was inflicted by one of the poisoned arrows of Hercules, and was cured by Machaon by the power of "suction" alone, as we find related in the fourth book of the Iliad. Plutarch mentions that the Psylli and Marsi were hired to attend the camp of Cato in Africa, for the purpose of sucking the bites of venomous reptiles, and that they invariably succeeded in their attempts, at the same time causing the part to swell, which proved the power of the vacuum they had produced. Hippocrates mentions the use of dry cupping to extract injurious matter from wounds:—

"Cucurbitulæ quæ enim in osum fabricatæ,
Sunt at ex carne attrahant et avellant;"

and Celsus says, that if it should so happen that the cupping-glasses are not at hand, a man must be procured to suck the part. "Homo adhibendus est qui vulnus exugat."

The experiments of Sir David Barry confirm the opinion and practice of the Greeks and Romans, and even extend so far as to prove that the application of a cupping-glass for half an hour deprives the vessels of their absorbent power during an hour or two after its removal. Modifications of the apparatus alluded to are, in my opinion, much better adapted for effecting this important object on irregular surfaces than any of the usual cupping-glasses.

Upon the subject of diminishing or abstracting atmospheric pressure, I should not omit to enforce the value of forming a vacuum immediately on opening a lumbar abscess, into which vacuum it is easy to elicit the matter by means of an elastic pipe, when such may be required. Without in this way abstracting the atmospheric air from the canal and cavity of the sac, it is almost impossible to prevent the ingress and supposed bad effects of that air.

Around an abscess in a limb you can apply circular pressure, and bring the sides of the cavity into contact; but not so in cases of psoas abscess, where the bones of the pelvis, and the irregularity of the passages, prevent the application of such pressure. Besides, every motion of the lumbar and flexor muscles of the thigh, and even the act of respiration itself, tend at intervals to make a vacuum in the sac, into which the air rushes, producing many evils, and causing the absorption of the pus and its vapour or effluvia, which cannot so readily take place if the atmospheric pressure be taken off.

Independently of the value of this principle in the evacuation of matter, air, water, or extravasated blood, it is very advantageous in drawing out such hemorrhoidal or other tumours in or about the anus, as it may be desirable to have fully elongated for the purpose of excision, either by the knife or by ligature.

In a medical point of view, the process of rarefaction may be very important in again determining to the surface those retrocessions of eruptions, gout, rheumatism, and other translations of disease, which frequently are so injurious to the vital organs.

Rarefaction of the air is in many other ways an agent of great power and extensive adaptation; for instance, ladies in whom the development of the breasts is deficient, and who have, consequently, a paucity of milk, may have the supply required, merely by increasing the caliber of the arteries, and of course the determination to, and retention of, the blood in those parts; for milk is but blood altered by the vital and galvanic apparatus of the mammary glands. In cases of small contracted breasts, I have seen the abstraction of one, two, or three pounds, per inch, of pressure, expanding the vessels, augmenting their tortuosity, filling up the mammæ, and producing plenty of milk in healthy subjects. By determining a similar plenitude in this manner to the uterine vessels, through the well-known sympathy of the breasts, I have frequently succeeded in causing the menses to appear after long-continued amenorrhœa. How rational is this mode of determining the vital fluid through the mammary arteries, when compared with the mode, lately proposed, of curing obstructed menstruation by applying leeches, sinapisms, and other irritants to the breasts, and how superior to the plan just now tried in France of eliciting menstruation by sucking the nipple! The French mode only dilates that appendage; mine replenishes it, as well as the whole body of the breast.

Having now spoken of *particular* applications of this principle, I shall say a few words respecting its general powers. On the 14th of July, 1832, I published in the *London Medical and Surgical Journal* a description of an apparatus for abstracting part of the atmospheric pressure from the entire surface of patients. This proposal was made for cases in which it was desirable to determine the circulation from the *centre* to the *circumference*, to open the pores of the skin, induce perspiration, and cause a revulsion of any congestion from the internal organs to the exterior superficies. One of your talented members, Dr. Hart, and his associates, published the result of some trials on cholera patients, who had previously been relinquished to their certain fate at the hospital. Even then the results were sufficient to prove the great efficacy of the principle, for in all cases it rendered the cold and bloodless integuments warm, and the capillaries permeable to the circulation. Many of you, Gentlemen, may have seen the apparatus and the publications respecting it. I now observe that in 1835 it is copied exactly by the French, and notwithstanding I had circulated the journal in Paris in 1833 on my way to Rome, yet, like most other imitators, they have misunderstood the theory, and misapplied the practice. They put the patient wholesale into the bath, pump off the air, and let the unfortunate person gasp for breath; whereas all the merit of my plan consists in furnishing the lungs with air of the usual density and pressure, while I diminish the density and pressure on the exterior parietes of the chest and whole surface of the body. At some of my lectures I mean to show this, along with the other apparatus.

Leaving the subject of rarefaction, I shall now say a few words on the reversal of that agency, *condensation*. The influence of increased pressure, and the elasticity of the atmosphere, is a matter of great moment, and one the details of which will admit of varied extension. I am the more desirous to call your attention to this topic, without waiting for the delivery of the intended lectures, in order that I may the sooner submit to your consideration the result of certain trials of the effect of atmospheric pressure. In presence of the respected Vice-President of the College of Surgeons, Mr. White, now in the chair, I instantly reduced a very inflamed, turgid, tender, and most troublesome *prolapsus ani, without touching the sensitive protrusion*. Any of you may see the child at Larkin's, No. 32, Bridgefoot Street, in this city, and it is worth the trouble of visiting. I succeeded in a similar extremely bad case last winter at Rome, after all the usual means had failed in the hands of others. The great advantage of my plan consists in this, that it *empties* the turgid bloodvessels, and quickly reduces the protrusion, without inflaming or irritating the rugæ or folds of the mucous membrane, and without the painful operation of introducing the fingers, paper cones, or folded cards, as formerly recommended. When the prolapsus is reduced by the pressure of air over a surface of oil, lime-water, or infusion of galls, the relaxed villous coat seldom descends again, and if it do, it returns with the greatest facility, because its veins are comparatively empty, and its morbid sensibility is subdued, or abated, by the uniform pressure.

It is almost incredible to those who do not reflect, what advantages I have seen resulting from introducing, under a cup, a wet bladder, or some other cover, an elastic compress of air upon tumours and swellings of various kinds. Among these may be reckoned chronic enlargements of the breasts and other glands, swellings in the cellular and interstitial tissues, white swellings of the joints, and distentions of the bursæ, bleeding, or fungous sores or surfaces, indurated tumours, and local congestions. Owing to my long absence, I had not sufficient opportunity to try this mode of compression in varicose veins or aneurysmal dilatations; but I have frequently returned reducible herniæ without pain or difficulty.

The modes of pressure recommended by Recamier, Young, and all other writers, are liable to many objections. Their compresses bear most upon the centre and sensitive apex of the tumefaction, press with great inequality, thin the parietes, and frequently hasten the degeneration of scirrhous enlargements into cancerous ulceration; but, on the contrary, the method here recommended presses equally upon all parts of the swelling, defends the skin from abrasion, compresses the circumference of the part, acting upon the vessels *around the tumour, where they are most capable of absorbing*, propels away the contents of the veins, and prevents further untoward influx by the arteries. To persons accustomed to the manipulation of valves and machinery, these processes soon become manageable, the degrees of compression being easily regulated by a mercurial guage.

I have already mentioned that Sir David Barry and many others have proved, that the withdrawal of the air by suction or dry cupping, prevents the penetration and imbibition of poisons. I have proposed a reversal of this law, that

is, *to enforce the absorption of remedies* by superadding an artificial atmospheric pressure. Warm or cold lotions, medicated infusions, gases, or vapours, may thus be introduced into the part affected, and the power of imbibition, or percolation, very much increased by well-regulated compression. In this manner solutions of iodine, or its vapour, sulphur, mercury, narcotics, or sedatives, can readily be introduced in local affections or general complaints. In cases of tic douloureux, spinal disease, and sciatic ailments, I purposely detach the scarf-skin, and topically introduce the appropriate remedies by pressing them into the affected tissues, on the principle of transfusion through the membranes. On the other hand, a compression of atmospheric, or any other air, *over inflamed surfaces*, is well calculated to propel the overflow of blood onwards to the general circulation. I have experienced the good effects of such condensation over erysipelatous and erythematous inflammations.

The arteries of the female breast become remarkably tortuous and distended after parturition. In cases where the mother cannot nurse, or where the child dies, this untoward circulation produces fever and irritation. It becomes, therefore, a matter of great moment to diminish the size of the bloodvessels, and lessen their activity. Cold applications, astringent lotions, and irregular compresses, have been frequently productive of serious constitutional and local injuries, but when you surround the whole mamma by a disk of proper shape, as it were, *insulating* the breast, and pressing only around its base, you cut off the supplies by moderate gradations, and you diminish sensibility by gentle, diffused, and elastic compression. If you prefer soothing or emollient liquids to condensed air, they can be put into the cup or disk at any temperature which is most proper or agreeable. All organs which require sudden increase of activity, and great occasional supplies, such as the womb, the stomach, the spleen, &c., are furnished with tortuous arteries; and this twisted condition increases as the volume and active functions increase. This tortuosity may be designed by nature, not so much to impede the force of the circulation, as to detain and delay the blood in its way through the organs requiring at those periods such extra replenishment. Pressure remarkably diminishes the tortuosity of arteries which supply enlarged or inflamed glands and tumours, approximates the sides of the vessels, abates their sensibility, lessens their contents, and reduces large trunks to the diameter of minute branches. This contraction is admirably calculated to impede and expel a plenitude of blood, to diminish engorgements, and dissipate infiltrations.

Infants may die from leech-bites; the whole family cannot stop the hemorrhage; even the doctors have failed in extinguishing the rushlight. They all knew they could command any quantity of blood *to flow* by making a vacuum over the bites, but it never entered their heads that it would be just as easy to stop the orifices by making a *plenum* over them. Three or four strokes of the compressing piston condense the air, and instantly arrest hemorrhage. The by-standers stare, and exclaim, "How curious!" "It is so simple." "We never thought of it before." But it is not only leech-bites that condensation will stop, but uterine and other hemorrhages, whenever compression can be applied by means of water or other proper liquid, so as to overcome the impetus of the blood. A few inches of mercury indicate a pressure quite equal to this. This condensation you can regulate with the utmost precision, every inch of mercury indicating half a pound of pressure.

By means of well-regulated condensation of air, you can retain the bowels within the cavity of the abdomen, when its parietes have been opened or torn, and you will be able to command the flow of blood from fungous tumours and ulcerations.

Such, Mr. Editor, is the original paper read by me in the College of Surgeons of this city. In the discussion which followed, I mentioned that I did not wish to appear to prove too much by adducing additional details, but stated, that from the numerous experiments I had made on the comparatively moderate impulse of large arterial trunks, not exceeding two or three pounds of pressure, I should entertain no fear of arresting the flow of blood from any stump or limb, and thus preventing many of the accidents consequent on amputation, secure a close adaptation of the soft parts, prevent turgidity or inflammation, and effect a perfect adhesion by the first intention.

If this principle be extended to such cases, or to lacerated or penetrating wounds or torn surfaces, then the medium of water, oil, or some bland fluid, will be the best compress, condensing the air in the cup, or inverted bell, over the liquid, or in cases of round or irregular parts of the body, pressing the air into a moistened bladder or oiled silk-bag contained in the cup or cover. By these means air is prevented from entering the veins.

I forgot to mention in the paper, that in 1816 I prevented the reaction, consequent tumefaction, heat, and, probably, the sphacelation, of an extensive and dangerous laceration of my right hand (torn by glass in a chemical experiment), merely by maintaining such fluid compression over the bloodvessels as kept them comparatively empty, and all the separated parts in exact apposition.

It is, probably, by diminishing the caliber of the vessels, that cold lotions, affusions, evaporating and astringent washes, were first found useful in inflammations. Perhaps it is the lacing, by the new pressure, after firing, that benefits the legs of the horse. It may be the retraction of the fibres during the shower-bath, and the consequent contraction and pressure of the skin and other tissues, that give tone to the exterior, and impulse to the interior circulation. We all remember the pressure of the plug of blood in the divided artery, and of the clot in the womb. The philosophy of a principle is sometimes much diversified in practice. Although it may be illogical to attempt to prove too much, and imprudent to provoke ridicule (the weapon only of the weak), yet I can assure your readers, that in one case where I had dissipated the œdema of a lady's legs by atmospheric pressure, her husband maintains to this day, not only that the swelling was removed, but also that the over-bulky texture of her ankles was reduced to that of a neat and sinewy joint! Whether this mode of assisting percolation be adopted or not, I can refer to the following pages of my work on the "Inhalation of Iodine, &c.*," to prove that the subject of cutaneous imbibition was not now taken up without study and experiment.

As this communication commenced on the subject of *priority*, it may be proper to settle another claim. I have before me a letter from Professor Duncan, dated Edinburgh, November 15th, 1823, from which the following is an extract: "I shall be glad to learn the results of your trials of the inhalation of *iodine vapour*. It is at least rational." This is exactly five years previous to Sir Charles Scudamore's thoughts upon the subject, for he wrote to me in May 1830, that the idea had first occurred to his mind two years and a half prior to that date. I have the honour to be, Sir, your very obedient servant,

JAMES MURRAY, M.D.

Merrion Square, Dublin,
March 11th, 1835.

* Vide pages 31 to 34, 133, 145 to 147, 157, 180, 191, 301 to 303.

CASES

TREATED AT THE

ROSS DISPENSARY.

To the Editor of THE LANCET.

SIR,—I am an old correspondent of THE LANCET, and consider that perhaps the following cases may possess sufficient interest for publication. I am, Sir,

Your obedient servant,

JOHN FOSBROKE, M.D.

Ross, Herefordshire, March 16th, 1835.

DEAFNESS AND AMAUROSIS SUCCESSFULLY TREATED.

Betsy Morgan, a servant girl, ætat. 17, of Brampton Abbots, of full and torpid habit, and heavy apprehension and manner, came under my care in the *Ross Dispensary*, on the 25th June 1834, at the recommendation of Edw. Pritchard, Esq. She complained of dimness of sight and of difficulty of distinguishing the forms and colours of objects, which looked black to her, but without ocular spectra; also of deafness and noises in the left ear, with deficiency of wax, occasional giddiness and headach, and suspension of the peculiar function of her sex.

The catamenia commenced at 15 æt., but recurred irregularly at intervals of four or five months in very small quantity, and for only one day at a time. The last appearance was about five months ago. Her complaints followed "getting wet and catching colds." She was sometime ago under the care of Dr. Thomas Evans, now Physician to the *Gloucester Infirmary*, for darkness of sight, and received temporary relief. She has since been attended to by Mr. Thompson, one of the surgeons of the Institution, who considered the case as coming more under the province of the physician than the surgeon, and consigned her to me.

I have now had her under hand from June 25th 1834 to March 16th 1835, altogether nine months. I treated the case internally with ℞ *Oxym. Hyd.* gr. ij; *Sp. Æther. Nit.* ʒij. M. Dos. coch. min. bis die.

This useful combination failed to produce the beneficial effect on the eye which frequently attends its administration at the commencement of amaurosis, and I exchanged it on the 30th July for Lugol's solution of iodine, at a dose of six drops, which she has continued till the present time, Feb. 25th 1835, when she is taking gtt. xx, twice a day. The bowels were

acted on occasionally from 30th July with, ℞ *Ext. Coloc. Co.* gr. xxij; *Pulv. Antimonial.* ℈j; *Hyd. Subm.* gr. xviij. M. Div. in xij. Sumt. ij omni alterâ nocte; and from the 30th August with ℞ *Hyd. Subm.* gr. vj; *Ext. Elaterii* gr. ij; *Cambogiæ* gr. viij; *Coloc. Co.* gr. xij. M. Div. in 8. dos. j mane nocteque p. r. n.

The catamenia reappeared at the end of June, and again on the 22nd July, but as the sight was not the least improved, and as she complained of fulness and giddiness, she was cupped at the back of the neck to ℥xij on the 23rd of July; leeches were applied behind the ear on the 30th of July, 4th, 11th, 18th, 22nd, and 28th of August; six in number the first five times, and ten at the last application. She was cupped a second time to 0j on the 10th of October, and a seton, which has been retained ever since, was inserted at the nape of the neck. The transparent cornea was touched slightly at the lower edge with lunar caustic, three or four times a week for some months.

From the 25th June, 3 gr. of Strychnia were applied every night to a blistered surface behind each ear; on the 14th of July the quantity was increased to gr. v; on the 13th of August to gr. viij; and on the 20th of August to gr. x, without exciting the least effect till after the last date, when slight jumping of the muscles in the course of the facial nerves ensued. All regular and sensible action from this quantity ceased, and on the 9th of September it was further augmented to gr. xij, and even at that enormous dose, its influence, though regular, was *very moderate!!!* The girl was strictly ordered to wash the excoriated surface before the application; as fast as the skin healed over, fresh blisters were applied, and the strychnia, which was first rubbed up in ℥j of spermaceti cerate, was latterly involved in ℥j of savine ointment. I changed the application of it from behind the ears to the outsides of the orbits, because it appeared to direct the twitches too much in the course of the facial nerve and muscles. I stimulated the outer passage of the ear on the 24th of July with Sp. Tereb. Rect., diluted with olive oil in different proportions, till it produced its peculiar irritation and discharge from that canal. The noises in the ear were diminished, but the hearing was not benefited by the turpentine; indeed it was all along growing worse, and she had become so deaf on the right as well as the left ear that, shout as loud as I would, it was difficult to make her catch the words.

On the 20th of August I applied the solution of *Nit. Argenti* (gr. j to ℥j *Aquæ Dist.*) to the auditory passage to restore the wax. This failing, on the 9th of September I used the *Ung. Hyd. Nit.* ℥j c. *Ung. Cetac.* ℥iij, which was equally ineffectual. On the 27th of October I tried the *Nit. Arg.* again at gr. ij to the ℥j, and, on the 31st of October, at gr. iij to the ℥j *Aq. Dist.* It then began to create a sense of heat, and, on the 10th of November, she recovered the sense of the left ear for a time, but could not say whether more wax was formed than before. I prescribed, last of all—℞ *Ol. Cajeputi* ℥j; *Amyg.* ℥ij. M.; but as I did not find these aural stimulants answer much purpose, I soon discontinued them altogether.

From this combined plan of treatment, up to the 21st of July, the sight became less dark than it had been, and continued from that time to amend in a very regular and progressive manner. Not so the hearing; there was less noise, but I despaired altogether of the recovery of the sense. The terms were suspended once after the first reappearance, but returned again, and both the uterus and bowels continued to be regular afterwards, to the present time. By the 10th of November, her vision, though still dim and dark, was so far clearer that she could distinguish the colours and forms of objects, all of which had before appeared black to her, at a greater distance, and she could discern large bodies with the right eye alone, which was the darker of the two. The amendment of the sight preserved the same progressive character till the 5th of January, 1835. At that time she was seized with general inflammation and swelling of the knee-joint, after breaking a stick with difficulty across the capsule,—a very common consequence, Mr. Liston observes, of friction of the joint, in disordered states of the constitution. The swelling rapidly suppurated, broke, and afforded an immense discharge; but the joint was not affected, the abscess extended from the bursa of the rectus muscle over the surface of the patella, and got well without interfering with the flexion or extension of the joint. The discharge for three or four weeks was profuse, and the improvement both of vision and audition during its continuance was much more rapid than before. On the 3rd of February the knee healed, and I ordered her, on the 4th, to have, in addition to the seton, a double issue in one of the muscular depressions of the right shoulder, for, though the functions of the ears and eyes were so greatly improved, she still had "a noise in her head, like three coaches rattling along." Up to February the 20th last, the hearing was perfectly restored,—to use her own words, it had "come back in its place," and the sight was getting clearer and better.

March 16. Sight and general health very much improved; noise in the ears still remains; iodine, seton, and issue, continued.

Remarks.

The rare and remarkable circumstance in this case, is the recovery from that most obstinate of all affections, deafness, *after two years' standing*. The primary symptoms were those of redundant circulation in the brain, with torpor, which followed, or at least was connected with, an irregular and almost suppressed state of the catamenia, from cold. But the continuance of the cerebral symptoms, after the periodical function of the uterus was restored, does not seem to show that those symptoms were owing solely and wholly to uterine irregularity. The uterus might have had something to do with the state of the brain in the first instance, and been reacted on by the brain in turn. We know for certain that uterine irregularity may produce amaurosis. The amaurosis and deafness in this case were very obviously the consequence of the full and torpid state of the brain, and might be called the amaurosis and deafness of congestion and compression of the optic and auditory nerves.

I have now another case of deafness from determination to the head:—The patient's constitution was one of those with which the iodine agrees even in a full habit. It greatly invigorated the stomach, increased the secretion of the kidneys, and excited the absorbent system. I do not know that it has been ever prescribed by any one else in amaurosis, but I have given it in deafness, without realizing in a single instance, the flattering, results of Dr. Manson's reported cases. In this instance it was generally beneficial. I prescribed the clysterium of course as a derivative from the head to the bowels. The fulness and torpor of the brain required patient and repeated depletion by venesection, cupping, and leeching, aided by blisters and the seton. I think the stimulus of my old preceptor's, M. Lisfranc's, remedy, the lunar caustic, was advantageous. The constitutional tendency to throw off the triple affection of the brain, eyes, and ears, by change of determination, exchange of diseased action, derivation, or however else we choose to express the principle, was clearly shown by the beneficial effect of the ample drain from the knee. It is upon such principle that nature in most instances brings about those spontaneous restorations of hearing which I have referred to in my former papers on the nature and treatment of deafness (published in THE LANCET, Vols. I, II, 1830-31). Such natural recoveries occasionally occur in amaurosis. Professor Home says (*Notes of Lect. M.S., by J. F.*) he has "never cured any case of amaurosis, but in some the efforts of nature have succeeded spontaneously." By what mode of action were those efforts manifested? There are cases enough in proof of the utility of strychnia in amaurosis if long persisted in, but I know of none in which an individual either required, or was capable of bearing, a quantity so enormous. I know that the article used was potent, from having prescribed it for other patients, upon whom portions of a grain acted with full effect.

Mr. Liston, to whose instruction in early medical life I was indebted, says "it may be employed, when gradually increased, to the extent of gr. ij," but "if spasmodic twitching ensue, it must be immediately discontinued, and not be resumed for some days." Mr. Guthrie, in his cases, uses one-fourth to three-fourths of a grain in sixty-nine grains of spermaceti cerate. Mr. Middlemore employed two grains in his case. Few of my private patients, even of property and respectability, though the worst of all avarice is that of good drugs, would have incurred the expense of employing it in such quantities at from 6*s.* to 9*s.* the ounce.

The peculiar counter-irritation of turpentine, from which that ingenious practitioner Mr. Goulliet of Cheltenham has derived so much success, in conjunction with certain internal remedies, proved as frail in this as in every other instance, *except one*, in which I have tried it. Mr. W. Martin, who conceives that deficiency, or excess, or vitiated secretion, of wax may be solely and exclusively causes of deafness, states that he has performed cures with the foregoing forms of solution of nit. of silver and nit. of mercury. For the last ten years, people have come with ear affections from all parts of the country to me, and I very much doubt whether the state of the wax was in any case the *sole* cause of the deafness, and much more whether the restoration of the wax, in any instance, removed the infirmity. Hardening or deficiency of wax is sometimes a consequence of apoplectic states of the circulation of the head. Richter and other German surgeons treat amaurosis and deafness on one and the same principle, and I consider both birds, the eyes and ears, killed by one stone in this case. I do not wish to overvalue or overstate the favourable issue of the case, but I cannot speak of it otherwise than emphatically, so far as it goes to show what perseverance, assisted by the salutary efforts and processes of nature may accomplish in two of

the most obstinate chronic affections of a kindred nature to which the human organs are liable. I have found it almost impossible to get private individuals, above the rank of this person, to go on with half the regularity and long trial of painful means to which this girl submitted. Weakness and irresolution, easily influenced by the opinions of ignorance, are much more common than strength or fortitude of character. Whether the amelioration will prove permanent, time will show, but my anticipations are favourable and confident. I say this much, because I seldom publish cases till they have stood the test of years.

EXTENSIVE SCROFULOUS EXCAVATIONS SUCCESSFULLY TREATED WITH IODINE.

I was besought, at the latter end of August 1833, to bestow my gratuitous attendance on Thomas Preece, of Brampton Abbots, near Ross, an old army pensioner, æt. 56, who had served his country in the Irish rebellion, in Whitelock's wretched campaign in South America, and the Peninsular war.

He was labouring under extensive scrofulous excavations; one a deep cavity at the superior posterior part of the right thigh; two others burrowing in the situation of the tibialis anticus and extensores of the same leg, which had been perforated with a musket-ball; a third, with several sinuses, near the outer edge of the tibia of the left leg, besides a large abscess filling the hollow of the sole of the left foot. The flapping edges of the wounds and sinuses were blue, ragged, and full of holes, and secreted a thin discharge. Some of them had a greenish look, and emitted a gangrenous smell. His appearance was emaciated; he had lost his powers of stomach, and was reduced to extreme debility. Of course he kept his bed.

He was affected with scrofulous abscesses and ulcerations some years ago, for which he was treated successfully, upon Mr. Baynton's method, at the Gloucester Infirmary. On the present occasion he went into the Hereford Infirmary for one month, and came out materially relieved; from which time, for about twelve months, he was attended, till I saw him, by Mr. George Aveline, the parish-surgeon, and not able to get out of his bed.

I ordered him Lugol's "concentrated solution of iodine for the mineral water," to be taken internally; the iodine lotions, of three powers, from No. 1 to 3, were applied externally, in succession, and the indolent surfaces, spongy edges, and sinuses, were touched once a week with the "most concentrated caustic solution." The sinuses were also divided, except one which shelved down between the tibialis anticus and the two extensors of the right leg, full a five-inch probe's length, and terminated, after the other wounds were almost healed, in an abscess, with three round openings.

The case has been under treatment off and on about eighteen months, and from the commencement in August 1833, I had the pleasure of seeing immediate and continued improvement. By the 7th of Sept. following, from having little or no appetite, he grew voracious, and the quantity of urine, of which he had usually passed but little, was greatly increased. He fancied he felt the medicine "go down and work in the wounds," that was, he felt a change of sensation in them. The ulcerations commenced at once to secrete thick and laudable pus, and progressively filled up, with few drawbacks except the formation of one or two abscesses, which seemed like the spent efforts of the disease, and to have no power to make head against the renovated strength of the constitution. Some periosteal pain at the tuber, and along the sharp edge of the tibia and elsewhere, ascribed to an old syphilitic taint, which vexed him much at night, was controlled, as soon as his general health admitted, by the safe use of mercury, by pills of opium, calomel, and tartar emetic, taken till the gums were sore. His diet throughout was uniform,—vegetables and meat, and cider or beer. The poor of this parish are peculiarly fortunate in possessing in their rector the Rev. Robt. Strong, an incumbent, who habitually and practically interests himself both in their spiritual and temporal welfare. Where the flocks have such pastors there is neither cry nor fear of the "Church being in danger."

He continued improving to the end of 1833. Until the 28th of January 1834, he had been in the habit of applying Lugol's rubefacient solution of iodine to the blue, loose, and ragged flaps of the unhealed part of the great gap at the back of the thigh, near the nates, and to some remaining unskinned surfaces of the legs. Conceiving this caustic solution to be of the same strength as the drops, though six times stronger, he took the full dose (twenty drops) of it, as of the *common* solution, which was followed by the drawing up of the face on one side, tremor of the tongue, and temporary suspension of motion and sense, at two different times. Some of these symptoms were left, in a degree, after each stroke, but his appetite and strength increased wonderfully afterwards, and he had a power of motion in

the whole limb, which he had not had before. I found him and another patient who had sudden swellings of the abdomen after hysteria abdominalis and uterine irregularity, several times taking double the maximum dose of M. Lugol's solution, notwithstanding it affected them at first very unpleasantly, "because they found it do them good *afterwards*." I was at one time doubtful whether the iodine or the rapid healing of the ulcers caused the attacks of the nervous system, and resolved to put an issue into his arm, if they came on again under ordinary circumstances. I varied the iodine washes with the ioduret of mercury and lead in ointment, to those sores which were most languid, but they did not agree with the surfaces.

Up to the 20th of February he had no further attack of determination to the head. The great opening in his thigh was altogether healed, except a worm-hole or two here and there, and his appetite was such that he "could eat a horse." But the scrofulous swelling in the foot still remained to plague him, and I ordered the ioduret of iron in gr. vj doses. On the 21st of June another ulcer on the outside of the middle of the tibia also remained open, and I applied to it the proto-ioduret and deuto-ioduret of mercury; but, however diluted, both produced intolerable irritation. I then applied R *Hyd. Subm.* ʒij; *Hyd. Nit. Oxid., Rub. Plumbi S. A., aa* ʒi; *Ung. Simpl.* ʒiij. M. Ft. Ceratum; but for some time there was no disposition to heal, and it at last healed spontaneously.

He became a farm-servant all the summer, and walked three miles to and fro to work, which kept up the ulcer at the bottom of the foot. In the winter he came back to me on account of this ulcer, and resumed the iodine solution and iodine lotion for several weeks, in vain, up to Dec. 17th, 1834. It had increased from a sac with a round small opening, to an open sore with a considerable loss of parts; the fascia being exposed, with a green appearance and gangrenous smell, as also were the muscles. There were superficial granulations at points. The man, who had gone to work, all the winter, three miles out and three miles in, was locally and constitutionally in sound health, save and except this last ravage of the disease. I ordered R *Tinct. Cinchon. Co.* ʒiss; *Humuli* ʒss; *Sulph. Quinin.* gr. vj; *Oxym. Hydrarg.* gr. ij. M. Dos. coch. minim bis in die ex aliquovis vehiculos. For an external application, R *Sol. Chlorid. Calcii* ℥j.; *Aquæ* ʒvj. M.

These two remedies had no effect: I added *Tinct. Lyttæ*, frequently so useful in scrofula, both to the drops and lotion, without any better success. On the 19th of January, 1835, he came again, after applying very strong nitric-acid lotions; the ulcer was enlarged in the sole of the right foot and behind the ball of the great-toe, with a greenish hue of the edges; an exposure of the muscular tissue of the foot, which looked dry, afforded a gangrenous stench, and a profuse dirty-brown and thin discharge. I ordered ℞ *Proto.-Iod. Hyd.* gr. j; *Ext. Opii* gr. ss; *Guaiac.* gr. iijss. M. Ft. Pil. Sumt. ter in die.—For a lotion to be applied twice a day; R. *Pot. Hydriod.* ʒss; *Iodinæ* ʒvj; *Aquæ* ℥viij. M. It proved "too strong and burning," and was therefore diluted.

On the 3rd of February the foot ulcer began to secrete a thickish and yellow pus, and on the 24th of February (1835), under the action of the mercurial ioduret, it had granulated and filled up in the middle, but there were sinuses burrowing from the edges into the hollow of the foot. His appetite and health were greatly improved, and I ordered him to continue, nothing doubting but that he will now get entirely well. I find (16th March) that he has been out and about in his garden.

Remarks.

This case afforded me an opportunity of trying M. Lugol's system of treating scrofula, which has been attended with such brilliant results in the *Hospital of St. Louis*, and so favourably reported of by the *Academy of Medicine of Paris*. I adhered strictly to the formulæ in Dr. O'Shaughnessy's translation of M. L.'s valuable work, which ought to find general circulation in the profession. The case exhibits an instance of very considerable success in a class of cases in a stage of disease, and at a period, hitherto deemed beyond cure. I hope it may draw more attention in provincial practice to M. Lugol's iodine treatment of scrofula, which does not consist in giving a tincture that throws down an insoluble precipitate in the stomach, nor in applying outwardly an hydriodate which is inert, but managing the remedy with scientific skill, and after minute investigation.

This case has already run too long to admit of my saying much of the little purpose which all our former methods of treating scrofula have answered. Iodine, given in this safe manner, is an excellent tonic, a powerful invigorating remedy, in many, but not in all constitutions. It was no small recommendation to the iodine to have rendered whole, upright, and able to work, a man like an old kettle kicked into holes and then soldered and filled up.

I have seen scrofulous ulcers and sinuses mixed up with, and sequent to, syphilitic

action and pains, in persons who could not bear mercury, or who had taken mercury till it produced mercurial disease, by the advice of some ignoramus who mistook for venereal disease what was *no* venereal disease at all. But in such cases, as Mr. Liston remarks, though mercury has done the mischief, it is often mercury only in a *proper* form that can relieve it. I gave it to Preece for the pains of bone at night, and the ulcer of foot at the last with the iodine, advantageously. I regarded the ulcerous excavation of the foot, which had continued so long after the rest had healed, as kept open perhaps by the constitution for the natural expenditure of scrofulous action. One or more in such cases generally remains open longer than the rest, and it may be better not to be too eager in healing up the last. Injurious consequences are apt to follow; the disease must in some measure expend itself, and I had an idea, if the whole of the ulcers had closed at one time, of inserting an issue in the arm. One hears, to be sure, of sore-leg-and-ulcer doctors here and there, (and "death and destruction hear the fame thereof" too,) who have set the experience of the profession, from the time of the doctrine of the humours to the doctrine of morbid actions, at defiance, by the suppression of constitutional drains. Not a few of the cripples practised upon get so well cured, indeed, of their sores and lameness, that they leap of a sudden into their coffins, even in the act of trumpeting the minister of death who puts a tinker's finish to their cases.

PULSATING TUMOUR IN THE THORAX (ANEURYSM OF THE AORTA?) SUCCESSFULLY TREATED.

Thomas Marshall, æt. 50, an old pensioner, who served in the Duke of York's campaign in Holland and in the Peninsular war, resident in the parish of Linton, Gloucestershire, was admitted, under my care, into the *Ross Dispensary*, March 11th, 1833, at the recommendation of the Rev. Canon Matthews.

He exhibited a pulsating tumour, which protruded in the situation of the cartilages of the three superior ribs, close to the sternum, and immediately under the clavicle, on the left side of the thorax, and had latterly increased in force of action and magnitude. He also exhibited the cicatrix of an old ulcer, between the seventh and eighth ribs. Dyspnœa, tightness of chest, and dry cough.

His complaints commenced many years since with a discharge of pus from a chronic abscess on the left side of the chest, situated between the seventh and eighth ribs, a few inches from the sternum. This abscess continued to discharge for some time, but at last closed spontaneously. He was then (about ten years ago) seized with a thumping and swelling of the chest, attended with cough and wheezing of the breath, which threatened to choke him, till a great expectoration came on, and relieved both these symptoms and those produced by the tumour. "After Mr. Hollister of Newent had given him up," he stated "that he had applied to Mr. Lovesy of the same place," who put on a succession of blue plasters, which were followed by an involuntary discharge of puriform matter from the bowels, and consequent diminution of the tumour for four or five years.

The fistula between the seventh and eighth rib had continued open until a short time before he came into the Ross Dispensary. Whilst open, the pulsating tumour remained tranquil; when closed, it became active.

Treatment.—I ordered Marshal to be blooded once a week, till he was bled in all nine times; and each time, as he declared, with relief and improvement instead of diminution of strength. I prescribed R. *Pulv. Scillæ Exs.* ʒj; *Sulph. Zinc., Aloes Spic., dā* ℈j. M. Div. in pil. xxiv. Sumt. iij c. sing. dos. mist. seq. To dissolve *Subcarb. Sodæ* ʒss in ℥ij of water. R. *Tinct. Digit.* ʒj; *Antim. Tart.* gr. xxx. M. Dos. gtt. xxx in cyatho vinoso solutionis ut suprà.

I introduced a seton near the closed opening between the seventh and eighth ribs, to restore the medium by which Nature herself had lessened the disease, and not without success. The tartar emetic ointment was also applied over the tumour. For the cough and dyspnœa he took, with great advantage, from time to time, forty of the following drops on a lump of sugar. R. *Tinct. Benzoin. Co.* ʒvj; *Tinct. Opii* ʒij.

Complete rest was enjoined, and felt by the patient to be necessary, from the symptoms being increased by every kind of irritation. Also abstinence.

The result of this treatment was, that about the middle of May the pulsating tumour was reduced to a passive state; the general health was improved; and the patient, in all respects in florid health, was capable of returning to farm labour, in which he was engaged, without change. Five months afterwards (Nov. 1833), I saw him again (in 1834), and he still continued equally able to work, and free from active symptoms, but without any diminution of the extent of the tumour. The fistulous opening between the seventh and eighth ribs was restored, and found to communi-

cate with the lungs. It was kept open with Ung. Resin. Fl. and Camph. Cantharides and Savin cerates. In sneezing &c. it made a sufflation like a hissing through a compressed aperture.

Remarks.

From the distinctness of the protrusion, the forcible jerking beat felt by the hand, and the noise upon applying the ear, which was like that of a mill, I should at once have pronounced this case aneurysm of the aorta; but the circumstance of the tumour occupying the *left* instead of the *right* side of the heart, and the related crisis in the history of the case, by the discharge of pus, cast doubt over it. It is singular that very few writers or lecturers, English or French, mention on which side aneurysm of the thoracic aorta is situated. Sir A. Cooper merely alludes to situation by speaking of "fulness of the right side." Dr. Elliotson is more precise: he says that aneurysm of the aorta *generally* produces a tumour on the *right* side about the fifth or sixth ribs, but that the symptoms of disease of the *heart* occur at the sternum on the *left* side. If the aneurysm of the aorta, he continues, occur at the arch, it is situated at the third or fourth ribs, or, if still above the sternum, at the clavicle. Dr. Parry gives a case of aneurysm of the thoracic aorta, pressing on the trachea, in which the second and third ribs on *both* sides protruded, but most so on the *right* side; and a second case of aneurysm of the arch, in which there was slight prominence on each side, afterwards *somewhat to the right*, and, on dissection, "the *right* side was evidently fuller and worse than the *left*: the arch was irregularly dilated from its commencement to three inches beyond the origin of the left subclavian." Mr. S. Cooper mentions an abscess "that occurred in a case of fractured sternum, which had as regular a contraction and dilatation as the heart itself, or the aorta, could be supposed to have. Upon pressure the tumour receded; upon a removal of the pressure, it immediately resumed its former size. At length it burst, discharged a considerable quantity of matter, and the patient recovered."

The length of time for which the tumour in the case now under consideration had existed, its *permanent* protrusion, and the symptoms altogether, would not admit of my crediting a deception of the above nature, and I therefore resolved to treat it as aneurysmal. The result was very much in favour of that view of the case.

The ordinary English practice in aneurysm of the aorta has been always very feeble and inert. It has consisted merely in advising mental and bodily tranquillity, a solvent state of the bowels, a dry and low diet, leeching, counter-irritants, and opiates. Dr. Parry, in his time, went further, and recommended small bleedings and frequent, to the quantity of ʒiv each time, and employed his favourite remedy, dried squill and zinc, which, he thought, had great power in reducing the force of the circulation. Dr. Elliotson has laid down more energetic and correct rules. I concluded upon adopting the plan of Valsalva and Albertini, which has acquired the highest reputation on the continent. It consists in letting blood every third or fourth day until palpitation ceases, and the heart communicates a very feeble impulse; reduction of diet to six or eight ounces of food a day; perfect rest in the supine position; an issue or a seton, if necessary, over the seat of the affection; and the continuance of this system for several months after the symptoms have disappeared. The cases of Valsalva and Pelletan, as Mr. S. Cooper has pointed out, have proved that by their practice "vast aneurysms of the aorta may sometimes be reduced and cured." But I am aware that there are cases and stages of cases to which the practice would not be applicable, and in which it has been improperly applied on the continent. The force of the circulation was diminished, and the heart was reduced to a passive state, in Marshall's case. Sir Astley Cooper found digitalis and soda reduce the energies of the heart and arteries: he and Dr. Babington succeeded to a singular extent with the latter in one case, which had existed nine years, but it produced petechiæ. In another case he diminished the disease by bleeding. [*Lect. of Sir A. C., MS., I. F.*] Much must be ascribed to the man's habits of discipline and implicit respect to his instructions. Soldiers make the best dispensary patients. Many of the ordinary poor practise deception and irregularity, from ignorance, weakness of mind, and loose and perverse habits, except in Infirmaries, where they must do as they are ordered, or turn out.

Asclepiades was the first who divided diseases into *acute* and *chronic*, and the first who introduced cold-baths and affusion as remedial agents in medical practice. He supplanted violent remedies by diet and regimen, but wine he regarded as an almost universal panacea. Occasionally he quacked, and was a paragon of court physicians, a *tuto-cite-et-jucunde* doctor, and where physic was nauseous prescribed jaunting, declaiming, dancing, and music. His disciples are not extinct.

SUCCESSFUL

TRANSFUSION OF BLOOD.

To the Editor of THE LANCET.

SIR,—We beg leave to inclose a statement of a successful case of transfusion, conceiving that it may be interesting to many of your readers, and that it may tend to bring into more general use a practice the revival of which the profession owe to Dr. Blundell. We are, Sir, your obedient servants,

MICHAEL HEALY,
JAMES FRASER.

Newmarket on Fergus, Co. of Clare.

Mrs. Kitson, ætat. 40, the wife of a small farmer, of strumous habit and delicate appearance, and who had several times been a patient of mine for pulmonary attacks, was confined with her tenth child, under the attendance of a midwife, after a labour of about two hours' duration, at four o'clock p.m., on Friday, March the 6th. I was called to her about half past nine o'clock at night, in consequence of the placenta being retained. On my arrival I found her lying on a mattress, on the floor, before the fire, in a most alarming state of collapse. Her countenance was exsanguineous; the lips were livid; the whole surface of the body was cold and clammy; no pulsation was to be felt at the wrist, nor was the slightest action perceptible in the carotids; the intellect was clear, and the respiration but little disturbed. Her position was a most unfavourable one for making an examination *per vaginam*, and from her extreme exhaustion, I was unwilling to have her disturbed. I satisfied myself, however, that the placenta was partly in the vagina and partly adherent within the os uteri. Considering the case to be one of imminent danger, I immediately called to my assistance my friend Dr. Fraser, of Newmarket, a gentleman of considerable experience and great success in obstetrical practice. Pending his arrival, I contented myself with administering a cordial. In about an hour Dr. Fraser arrived, and at that time the symptoms had become rather aggravated; she had had several convulsive attacks, which lasted two or three minutes, during which, and for some time afterwards, her eyes presented a very remarkable appearance, the pupil of the left being dilated to its greatest possible extent, whilst that of the right was contracted to a mere point.

The case at this period appeared to be utterly hopeless, and Dr. Fraser concurred with me in the opinion that any attempt to deliver the placenta, or even to make a vaginal examination, would be attended with considerable risk to the patient. After having continued the use of stimulants for a reasonable length of time, without the slightest impression being made, he proposed to perform the operation of transfusion, in the propriety of which I perfectly agreed.

On explaining our object, and the nature of the operation, to the husband and friends of the woman, they at once consented,—a fact which will confirm, in the minds of those who are acquainted with country practice in Ireland, my statement of the utter hopelessness of the case. About four ounces of blood, drawn from the arm of the husband (a strong and healthy man), were immediately and with great facility injected by Dr. Fraser into a vein in the arm of the patient. In two or three minutes there was a manifest improvement in the expression of her countenance; the pulsation in the carotids became perfectly distinct, and very soon afterwards she declared that she felt herself better. We continued the use of stimulants, which, in consequence of the remote situation of the patient's residence (nearly four miles from town, and the night awfully tempestuous), were limited to wine and warm whisky-and-water; and, in addition, bladders of hot water were applied to the præcordia, hot bricks to the soles of the feet, and the hands were immersed in basins of hot water. This course was persisted in for about an hour, when the woman declared herself to be much better, and asked if she might turn on her other side. Before we consented to any change of position, we proposed an examination *per vaginam*. Dr. Fraser made the examination, and found the placenta as previously described. Perceiving that the introduction of his hand brought on slight uterine action, he cautiously and slowly persevered in detaching the adherent portions of the placenta, and after some time succeeded in abstracting it. Its removal was not followed by any hemorrhage. A bandage was then applied round the lower part of the abdomen, and her position was carefully changed according to her wishes. At half-past two a.m., we retired, after having given the necessary instructions to her attendants. On visiting her again at eight o'clock, we found her much improved. Considerable reaction had taken place, the temperature was natural, the pulse at the wrist was quite distinct, and she expressed the greatest gratitude for what had been done for her. This day

(Tuesday, March 10th) she states that she feels herself as well as after any of her previous confinements.

I have omitted as yet to state, that on my arrival at the house of Mrs. K., her attendants informed me that she had had considerable hemorrhage, a fact which of course will account for the state of exhaustion in which I found her. The transfusion syringe used was that of Read and Son of College Green, Dublin.

M. HEALY, M.D.,
and Surgeon.

Clare Dispensary, near Ennis,
March 10, 1835.

ON THE VARIATIONS IN STRENGTH, AND THE PREPARATION OF

MEDICINAL PRUSSIC ACID.

To the Editor of THE LANCET.

SIR,—The *London and Edinburgh Philosophical Magazine* for the last month contains a paper by Mr. Everitt on the preparation of prussic acid for medical purposes; on some particulars in which I beg to be permitted in your journal to comment.

No one is more ready than myself to admit the truth and importance of the following remarks by that gentleman, as they reiterate the sentiments I have been continually publishing for the two past years: and my greatest surprise is that the medical profession should so long have tolerated the very serious evil which they deprecate. "I stated," says Mr. Everitt (at the *Medico-Botanical Society*, to which he is the professor of chemistry), "that I had examined samples of the (medical hydrocyanic) acid procured from various shops in town, and that the frightful difference of strength had induced me to make the results known, with a view of calling the attention of the medical profession to the evil. Thus samples from Allen, Hanbury, and Co. yielded 5.8 per cent.; from Apothecaries' Hall, at different times, from 2.1 to 2.6 per cent.: and from several sources I found acid containing only 1.4 per cent. These samples I procured from the several shops personally, and asked for 'Scheele's strength.'"

I heartily thank Mr. Everitt for his co-operation with me in this cause, although he has not acknowledged a published paper of mine, leading the way, in which I have represented the strength of what is called 'Scheele's acid' as varying from 2.5 to more than 5.0 real acid per cent. "Now," he continues, "it is true we have no fixed standard, and therefore it is impossible to say whether Allen and Co.'s is too strong, or the other too weak: but thus much is certain, that if a medical man were pushing the exhibition of hydrocyanic acid gradually to a maximum dose, the prescriptions being carried to a shop where the acid had only 1.4 per cent., and then, by some accident or other cause, taken to where Allen's acid was used, a sudden, and I fear, a fatal increase would be the result, for more than a triple (quadruple) quantity would be taken. For the possibility of a fatal accident I need only refer to the case of seven individuals near Paris being killed by a slightly-increased dose, recorded in all the medical periodicals a few years since." Since which time Mr. Everitt is, perhaps, not aware that the case has been reported in *The Times* of a gentleman who was killed by taking his *ordinary* dose of this acid. Such cases as these may probably recur, before the profession, who buy an imaginary strength under the name of "Scheele's," will be brought fully to act upon the assertion, either of Mr. Everitt or of myself, namely, that "no process for procuring a dilute solution of hydrocyanic acid in which distillation or filtration is had recourse to, will yield an acid of uniform strength, however carefully the process may be conducted."

But my communication has more immediate reference to a plan which that chemist proposes to supersede,—an extemporaneous formula of my own. I decompose pure cyanuret of potassium by a solution of tartaric acid in a common phial, and the result is a medicinal prussic acid of extreme purity, necessarily uniform in strength; and, after much investigation, the only preparation of prussic acid that I know of which will retain its strength unimpaired for any length of time. The method was suggested by Dr. Clarke in the year 1831, although for want of the cyanuret of potassium it could not then be adopted; but, as Mr. Everitt, remarks, "it can now be employed by any one, since Mr. Laming has brought into the market a very pure salt;" and which, it may be added, is already in extensive use by medical men, and receiving the commendation of our chief pharmacologists.

Mr. Everitt's objections to this plan are thus announced: "From very numerous trials I find that the procuring of this salt, the cyanide of potassium, perfectly pure, must be expensive; * * * * * and many chemists I find object to it from its being so excessively deliquescent." I am glad the professor quotes only the objections of others to it on account of this latter quality; and he probably has satisfied himself that pure cyanuret of potassium although a deliquescent salt, is very

far from being "excessively deliquescent" —not so much so in fact as in any manner to interfere with the facility of its employment or the extent of its usefulness. I send it out only in *corked* phials, and to my knowledge it may be so preserved from deliquescence during two years; and how much longer I have not had time to make experiment. With regard to the expense of procuring the salt, or its quality when obtained by other chemists, I have nothing to do; it satisfies me that I am able to supply it both pure and cheaply; so much so that the practitioner can with it make in five minutes the purest and best prussic acid at less than half the cost of that which Mr. Everitt now wishes to substitute for it.

The proposed plan is, first, to dilute hydrochloric acid exactly to the sp. grav. 1.129; and then by its means to decompose cyanuret of silver. The cost of the medical hydrocyanic acid so made would be, according to the estimate of its projector, one shilling per ounce, whereas, made according to my formula, with pure cyanuret of potassium and tartaric acid, its cost would be under sixpence per ounce.

I presume that this new plan has been proposed on account of the impossibility, which Mr. Everitt acknowledges, of obtaining prussic acid of uniform strength by any of the processes requiring either distillation or filtration. If so, what reason has that chemist to suppose that "the decomposition of ferrocyanuret of potassium by means of sulphuric acid, is likely to become the only method by which hydrocyanic acid will be prepared for chemical and medical purposes?" It is only "on account of the cheap rate at which this salt is now to be had." The profession will do well to remember this. But Mr. Everitt strongly urges the "*absolute necessity* of assaying in all such processes the ultimate product;" and this he does with great reason; but if he believes that medical men will trouble themselves to do this, he certainly seems to forget that by commending the addition of hydrochloric acid to the hydrocyanic, as he tells us is already practised by Mr. Barry, he is encouraging what in the greater number of instances must prove an insurmountable barrier to the application of the recommended test; for few medical practitioners either would or could distinguish in the assay the effect of the hydrochloric acid from that of the hydrocyanic. I am, Sir, your obedient servant,

RICHARD LAMING, M.R.C.S.

36, Great St. Helens,
March 11, 1835.

HISTORY, PATHOLOGY, AND TREATMENT,

OF

RING-WORM AND SCALD-HEAD.

By SAMUEL PLUMBE, *Surgeon, London.*

(Continued from page 858.)

IN the earlier periods of the lives of children there is no disease, no species of deviation from sound health, if we except scrofula, which operates so perniciously on the future prospects of the individual, as ring-worm, if of long continuance. The moment an unfortunate child is found by the schoolmaster or the schoolmistress with a spot on the head, the latter, very properly (not merely for interest's sake, but as a duty to the parents of all the other children), sends the child home, and refuses to readmit it until thoroughly cured. The consequence of this is, to the unfortunate child, a loss of time at that period of life when it can be least afforded, the period of early education. Dr. Willan many years since declared, that he had seen, in a few years, children affected with this disease from two hundred seminaries in the neighbourhood of London! Formerly it was frequently found not only most injurious to the education of the child, but destructive of the interests of the best instructors of children, for the conductors of establishments of previously high character and reputation, found their pupils drop off in large numbers, and many good schools have been utterly ruined by it. The poison of the upas tree within the circle of its influence is scarcely more powerful than that of contagious ring-worm, as regards the fortunes of the private schoolmaster who happens to have it break out among his pupils to any extent. Children during their pupilage obtain, properly, when they have a mother, the mother's own peculiar care, and it is she who most feels the annoyance of this disease at home. Her offspring may play around her, regardless and utterly unconscious of their ailing, but her nearest neighbour, and most intimate friend, if she have children who are free from the disease, refuses association between the families; the mother suffers, on the one hand, the rejection of her children from school, and the arrest of their education (to be supplied otherwise only at great and inconvenient expense); and, on the other, she finds herself and children shunned at home, from fear of the communication of the disease to healthy families. It is, in truth, a bane of extensive operation to the interests and

feelings of parents generally, and as much so to the child, since the penalty which he pays, in his innocence, is at least the price of lost education.

Duly considering these circumstances, and having before me the example of the largest and most splendidly endowed institution for the education, support, and instruction of children, in the world, it is impossible that I can avoid occasionally referring to that establishment, because it now stands a beacon to all private and public schools, whether as regards the system of diet until lately adopted—the treatment of this particular disease, or the rules and principles, if such there be, of *distinguishing the affection from others*, of a trifling and innocent nature. I would caution alike the public and the private preceptor against allowing an accidental pimple, a scab, or a scale, on his pupil's head, to be called or treated as ring-worm, for the mischiefs of this mistake have been, and still are, operating among the children of *Christ's Hospital*, to the detriment of the education of a large portion of the children at Hertford, and several in London, and mischiefs of similar origin have occurred elsewhere.

The task I have imposed on myself is to show what a contagious disease of the scalp is, as far as its external characters enable me to decide, and of what its true pathology consists, and these objects I can expect to accomplish only by describing some others with which it has been confounded, but to which it has no relation.

We find on referring to Willan and Bateman, the latest authors of extensive repute in England, the latter adopting, and a little modifying, and improving, in some respects, on the other, that they treat of six forms of disease under the general designation of "Porrigo," of which the disease before us constitutes one; but that one, the *scutulata*, which has been described already, is identified with great ease with the *lupinosa*, and, sometimes, either under the influence of deranged general health, or, more commonly, the constant application of stimulating or caustic nostrums, degenerates into a third form, the *porrigo furfurans*—the "teigne amiantacée," or "asbestos teigne," of Baron Alibert, in its worst forms; but, in the milder, being still accordant with the features of the porrigo furfurans of Willan and the p. furfuracée of Alibert,—the most tedious and difficult to cure of all the forms and conditions of disease of the scalp with which the practitioner can have to deal.

The *p. scutulata* is known to originate in the form of a small ring of vesicles. The description of the *p. lupinosa* is that of a small, circular, cupped scab, of a yellow colour. It resembles the lupine seed (hence its name) in its external conformation. When once a single formation of this cupped scab takes place, another and another springs up beside it, each uniting its margin with that originally formed, and a cluster of four or five of these cupped scabs appears, of which the illustrations of Bateman and Alibert give a very accurate idea. *We have, in the latter, merely the morbid secretions from the little ring of vesicles, allowed to proceed to pustulation and exsiccation, undisturbed by the friction and ablution which is necessary to the cleanliness practised in civilized life.*

If, as in ordinary instances, in the decent walks of society, even though people are poor, a child complain of itching or soreness of the head, is not some attention immediately given to the part by the parents? Does not some one about them usually supply a nostrum or a wash, and bathe the part to the extent of preventing the regular formation of a circular scab? The very mention of ring-worm on her child's head instantly drives a careful mother to the use of some application, and the diseased and infectious secretion is often prevented from arriving at the formation of the lupine-seed scab, at the expense of being spread over and inoculating other parts of the scalp.

I had suspected many years since, in the course of my observations among the paupers of the St. Giles's Infirmary, the existence of this identity of the p. scutulata with the p. lupinosa, and looked upon it as one of those sources from which a good illustration might be derived (having been long before well aware that the p. furfurans of Willan was merely a consequence of their mismanagement) of the more than useless and almost endless distinctions and divisions of cutaneous diseases generally, by which their study has so long been mystified, and successful practice in them has been so much impeded.

In the institution alluded to, I found a case of the "teignè granule" of Alibert—a mountain of accumulated scabs and filthy secretions interwoven with the hair, and rising two inches above the surface of the scalp. The *debris* when touched, and it was necessary to touch it at a distance, fell down like pieces of broken mortar from an old wall, and the chasms which the removed granules left, were instantly occupied by hundreds of pediculi! It was the only case I have met with in this country which has corresponded with the Baron's description of *his* species, "p. granulæ." Willan and

Bateman, in all probability, never saw such a case, or they also might have made a *species* of it. The result of the removal of this large mass of mortar-like granules, and the destruction of vermin, was, with the addition of a measure to which I shall hereafter more particularly allude, a perfect cure. The subject of this case was an idle vixen, who had refused attention or applications of any sort for a long time. She had inoculated other children in the earlier period of the disorder, but they having submitted to due remedial means, never exhibited any of the features of the mortar disease.

At about the same period at which the case I have detailed came under my observation, two children were brought to me from the neighbourhood of Drury-Lane, the one with extensive ring-worm as we commonly see it, the other with a cluster of lupine-seed scabs. I found that the first, which was evident from its appearance, had been kept in a moderate state of cleanliness; the other was emaciated and covered with filth, and had had no application whatever made to the head. Many other cases have since occurred to justify me in declaring that the circular ring-worm, or p. scutulata and p. lupinosa, are the same disease, and that p. furfurans, or t. furfuracée, or amiantacée, are merely its sequelæ under bad management.

The simple circular contagious ring-worm is not, as has been supposed by many, produced only by infection or contagion. It arises in a very large portion of cases from the same sources as other diseases of the skin, such as improper diet, producing constipation of the bowels; restraint of the due and healthy exercise of children; repletion from over feeding, or from merely a single indulgence of sweet-meats or cakes, producing acidity. Yet thus originating it is quite as contagious as that which has spread directly in a family, from child to child, by contact, where no derangement of the stomach or system can be traced or suspected. Among children with a light complexion, their skin being, for the most part, more irritable, the disease produces in them more itching and discomfort than under other circumstances and spreads more rapidly; the hair, also, on account of its more delicate formation, yields to its destructive influence at once, so that, occasionally, in the course of a single night, you may pull out, without the child being aware of it, hundreds of hairs which the day before appeared to have a firm hold in the scalp. The extreme fineness of the hair, too, and it is, generally, proportionately thickly distributed, prevents the formation of even a minute vesicle, and a continual oozing of the contagious fluid goes on, producing an abundant supply of the latter. Hence the disease spreads far more rapidly in families of a light complexion and delicacy of skin and hair, than in others of an opposite description.

The history and causes of this disease being thus briefly disposed of, I shall proceed to show in my next its *modus operandi* in producing its distinguishing feature on the scalp: the manner in which it acts in the exercise of its manifestly withering influence on the hair of the latter. If you apply a blister over the whole scalp, you find that, violent as is the irritation, great as is the discharge, the hair grows as healthy as before, after its influence has ceased, while a tiny disease like ring-worm may exist for years—hardly traceable by any sign but a destruction of the hair, the most disfiguring and vexatious; and yet, looking at it in a constitutional point of view, the most insignificant of all human disorders.

CORRESPONDENCE WITH THE

APOTHECARIES' COMPANY

RELATIVE TO THE PROSECUTION OF AN

UNLICENSED PRACTITIONER.

To the Editor of THE LANCET.

SIR,—In THE LANCET of February 26th, No. 600, there is a letter from "A Country Practitioner," together with one from Mr. Upton, clerk to the Apothecaries' Company, respecting the Act of 1815. In consequence of having read the same I take the liberty of sending you the following, and I think that those who are interested in the subject will conclude with the correspondent alluded to, in asking "Of what use is the Act of 1815 as a protection to the general practitioner?"

I am, Sir, your obedient servant,
JOHN S. HALLOWS.

62, Brownlow-hill, Liverpool,
March 9th, 1835.

"*To the* CHAIRMAN *and* COURT OF EXAMINERS, *Apothecaries' Hall, London.*

"GENTLEMEN,—Having obtained my certificate to practise as an apothecary in 1822, I consider it my duty, as a general practitioner, to transmit to you the following statement, presuming you will (with me and most of the profession here) be of opinion that the individual alluded to is a very unfit person to practise as an apothecary, and is one against whom a

prosecution ought to be instituted according to the provisions of the Act.

"About nine years ago Francis Edward O'Gorman made application to Mr. Andrew Gillon, a general practitioner in this town, to become an apprentice, and as he could not afford to give a premium, his proposal was to serve a longer apprenticeship than usual, and to make himself generally useful in cleaning boots, shoes, knives, forks, harness, take care of the gig, &c., as an equivalent; but Mr. Gillon declined the proposal, and he soon afterwards entered into the employ of a druggist in Marybone, in this town, of the name of Bainbridge. Whilst with him he was pretty attentive to the shop, and was generally respected by Mr. Bainbridge's customers. Finding himself in this confidential situation, he wrote to Ireland for his brother, John O'Gorman, a druggist, who came over and opened a shop one or two doors from Mr. Bainbridge's, and Francis Edward O'Gorman, became an apprentice or shopman to him, much to the injury of Mr. Bainbridge, who was in consequence obliged to give up business, and the whole of his customers became dealers with the O'Gormans. When this youth had been in the shop of his brother about three years, he commenced the profession of an apothecary in Brownlow-hill, in this town, placing on his front door, 'O'Gorman, Surgeon,' at the same time keeping an open apothecary's shop, going out regularly to visit patients, prescribing and sending out medicines made up by him, or under his superintendence, and he has thus continued practising as an apothecary for about five years, much to the annoyance of the profession who have been at the expense, trouble, and anxiety of obtaining certificates from the Court of Examiners as by law established. The whole of what I now communicate I am in a situation to prove, and also that he is practising contrary to the provisions of the Act, in confirmation of which I send you a copy of one of his bills delivered to a patient of his whom he was attending and treating for dyspepsia, when in reality the case was hepatitis; this can also be proved by a Mr. Barrow, a general practitioner in Gloucester-st., in this town, who was called to visit this patient, and who attended her during the remainder of her sickness, she not having been benefited by the attendance, &c., of Francis Edward O'Gorman. You will perceive, at the bottom of the bill, '45, Great Cross Hall-street, and 53, Brounlow-Hill;' the former street being the now residence of John O'Gorman, the latter the residence of Francis Edward O'Gorman, the individual in question. The labels on the bottles in which he sends out medicines have the two addresses printed upon them, which no doubt is done intentionally, with a view to evade the Act in the event of a prosecution, by saying one is an assistant to the other. I must here observe, that all the drugs sent to the shop of Francis Edward O'Gorman are invoiced in his own name, but when any one disputes the amount of his bill, or will not pay at all, then he sues in the Liverpool Court of Requests, and invariably recovers in the name of his brother. I understand from those connected with this Court, that within the last few years he has recovered upwards of 300*l.*, all for medical attendance, &c., in opposition to the Act.

"I am not sending this statement from any personal ill feeling towards Mr. Francis Edward O'Gorman, but on public grounds, as I consider he is not possessed of sufficient medical ability to be intrusted with cases affecting the lives of individuals, and that his continuing to practise as an apothecary, is also not only a loss to the regular practitioner, but a direct invasion on the rights and privileges of the 'Worshipful the Apothecaries' Company.' Hoping I may soon have a reply to what I have here written, I am, Gentlemen, with the greatest respect, your obedient servant,

"John S. Hallows.

"62, Brownlow-hill, Liverpool,
June 16th, 1834."

"*Copy of Bill in my possession.*

"'Mr. Hollands to J. O'Gorman,
Surgeon, Dr.

"'To medicines for Mrs. H. ...	£0	5	2
Bleeding and visits	0	2	6
	0	7	8

"'45, Great Cross Hall-street,
53, Brownlow Hill, May 1834.'"

"Addressed to Mr. Hollands."

[The above letter was directed to the Chairman and Court of Examiners, in consequence of there not being at the time a clerk to the Company.—J. S. H.]

Mr. Upton's Reply to my Letter.

"Apothecaries' Hall, 30th June, 1834.

"Sir,—Your letter of the 16th instant, addressed to the Chairman and Court of Examiners has been placed in my hands, and its not having received an earlier notice, is owing to a vacancy in the office of clerk to this Society, which has only recently been filled up. Before proceedings

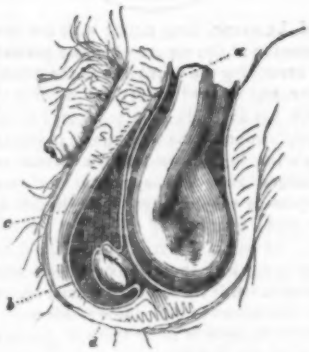
can be taken to enforce the penalties of the Act of Parliament against Mr. Francis Edward O'Gorman, the Society will require *several* clear instances of practice in cases purely medical, supported by satisfactory evidence. The evidence should be directed to the following points:—The christian and surnames of the patients attended by Mr. O'Gorman, in complaints strictly medical, specifying with care the nature of the disorder; the parish and county where such patients reside, and their occupations; the day of the month and year in which they were attended; that the patients were attended for the sake of gain, which is best shown by the delivery of a bill, which it is desirable should be obtained and sent to me if possible; that the party prescribed the medicines and furnished them. If no bill has been delivered, or a bill or copy of it cannot be obtained, then the name of the person by whom the medicines were delivered, if sent by a servant of the party complained of, or if sent for by the patient, then the name of the person by whom they were fetched, together with his residence, should be mentioned. When this evidence is furnished, the Society will be better able to judge whether the case can be prosecuted with probability of success, and I shall therefore be glad to hear from you further on the subject.

"I am, Sir,
"Your obedient humble servant,
"ROB. B. UPTON."

HERNIA INFANTILIS.

THE annexed engravings have reference to the following passage, at page 888, in the lecture of Mr. LISTON, published in the last Number of THE LANCET:—

"Here is a plan of hernia infantilis, copied from an account of the case by Mr. Hey's son, in a history of his father's life and writings. Here, also, is a diagram of what I suppose to be the true state of matters in all these cases. In the one, the protrusion hangs loose in the distended cavity of the tunica vaginalis, like the tongue of a bell; in the other it is bound down by the tunica vaginalis, and covered by it only on its anterior aspect. What is the exact position of the parts composing the chord, or whether their position is uniform, I cannot pretend to say. The vas deferens could be felt on the inner and posterior part of the neck of the sac during the operation; very probably it was separated from the vessels."



a. Peritoneal sac.—*b*. Anterior layer of tunica vaginalis.—*c*. Posterior layer of tunica vaginalis.—*d*. Testis.

NEW CAUTERY WITH HYDROGEN GAS IN CASES OF DISEASED TEETH.

M. LEMAIRE, long struck with the imperfection of the means which we possess for destroying the sensibility of the dental nerve, and induced to seek for other methods, has at length been conducted to an ingenious one, by the well-known property of platina to inflame under a stream of hydrogen gas. The apparatus for this purpose is simple; a copper cylinder, *a*, contains a quantity of condensed hydrogen; the cock, *b*, turns upon a kind of needle, *c*, which shuts the cylinder when moved towards the middle line, and opens it when moved to either side; this modification is useful in order that the operator may be able to hold the instrument, close it, and open it, with the same hand. The tube, *d*, which is perforated by a very small opening at its upper extremity, conducts the gas upon two small plates of platina which are fixed there; the anterior extremities of these two plates are themselves soldered with fine gold to a small pointed needle of platina.

To set the instrument in play, open the cock, and light the gas, which, striking against the needle of platina, soon heats it to a white heat, which continues as long as the jet of gas mounts. By this means the dental nerve may be cauterized with the greatest facility, and perhaps the apparatus may be applied with advantage to other surgical operations. An account of the instrument appears in the *Journal des Con. Med. Chirurg.* for March, 1835. The sketch from which our engraving is taken, is 7½ inches long, and represents the instrument of (we presume) its full size.

THE LANCET.

London, Saturday, March 28, 1835.

THE Academy of Medicine in Paris pronounced, in full conclave, on the 17th, its opinion on homœopathy. The peculiar construction of the Academy, its gravity, and its position, contributed to render the sentence much more mild than it would otherwise have been, after the luminous and eloquent exposition of M. ANDRAL, who proved in the most triumphant manner that homœopathy was either a dream of enthusiasts, or merely a new agent in the hands of charlatans. It cannot be objected to M. ANDRAL that he speaks without a knowledge of his subject, and without practical experience. M. ANDRAL possesses more than 140 cases which were scrupulously observed in his hospital under the homœopathic system. The medicines were purchased in an homœopathic pharmacy, and the regimen was strictly followed according to the rules of HAHNEMANN. Various patients labouring under intermittent fever, syphilis, inflammatory fever, &c., were submitted to the homœopathic treatment, but in no single case

was a marked improvement observed, and after a few days M. ANDRAL was compelled to have recourse to the ordinary remedies, under which his patients were rapidly cured.

But it is unnecessary to multiply arguments against a theory which does not admit of serious reasoning; when a follower of HAHNEMANN tells us he can cure intermittent fever with millionth doses of quinine, or syphilis with sextillionth doses of mercury, what can we say? It is clear that the sect is composed only of enthusiasts, speculators, and charlatans;—which predominates we know not. The following morceau we extracted last week from amongst the advertisements of an English journal published in Paris:—

"Dr. Trotman, surgeon, R.N., begs to acquaint the English residents in Paris that he practises medicine on the homœopathic system, and gives consultations every morning from 10 to 12.—Rue du Cherche-Midi."

We have some Dr. TROTMANS also in London. There has lain on our table for some months past a Pharmacopœia of Homœopathy, absolutely in Latin, title, preface, pharmaceutrickery, and all! This must be the work of one of the "enthusiasts," and we hardly know also what is to preserve the speculation from the adjective *charlatanic*. But Hahnemanism has done something more for itself in England than it has effected even in France, for while it is only *struggling* for friends at the Court of Paris, it already possesses at least one royal disciple in England.

Let us take this opportunity of asking whether the doctrines of homœopathy extend to the fees as well as the medicines. Doctor QUIN will not have perfected the library of homœopathy until he has constructed a ready-reckoner of hundred thousandths and millionths of a guinea, half-a-crown, and eighteen-pence. Though ridicule be not the test of truth, 'tis certainly sometimes its friend.

As the doctrine of homœopathy is becoming the subject of much very pernicious quackery, not only in the circles of "high life," but also in the medical profession, we refer with great satisfaction to the results of the experiments of ANDRAL. Our readers may be assured of the strict truth of the statement, that homœopathy has met with its supporters and disciples in the English Palace, and as the humbug of quackery generally begins in this country in the topmost ranks of the aristocracy we are anxious that, should the charlatanry of HAHNEMANISM descend to the middle ranks of society, it may be productive of as little mischief as possible. There seems to be a peculiar proneness in the English nobility to run after quackery, and thus, with few exceptions, while physicians and surgeons of solid information in the profession are utterly neglected by dukes and marquises and other noble lords, knavish and ignorant quacks are often in this metropolis encouraged, courted, and caressed, in defiance of what is due to science and to decency. But to return.

After an animated discussion in the Academy, that body decided unanimously that no reason existed for granting the prayer of the homœopathists for the formation of a dispensary. On the motion of M. DOUBLE, the letter containing this opinion was sent back to the committee, as not expressing the sentiments of the Academy in terms sufficiently energetic.

WHEN some of our correspondents expressed an opinion that we were devoting too much space to the abuses of *Christ's Hospital*, we thought, and still think, that they had formed too hasty an opinion on the subject, and that they were inclined to estimate at too low a rate the influence

of the press in correcting such errors of management as those which we have so repeatedly condemned. The efforts of the Special Committee, and the publicity which those efforts have obtained in our pages, have already procured many solid advantages for the interesting occupants of *Christ's Hospital*,—an assertion, the truth and value of which will be acknowledged when it is stated that the boys are now fed as children ought to be fed. Thus the first glaring fault to which we adverted has been efficiently and thoroughly corrected. How long, however, will the new system be preserved, if the press slumber, and the spirit of improvement be not kept alive in the establishment? Not an hour. Already has the cormorant attempted to replace excellent broth and soup with messes of nasty Scotch porridge, but the mean and heartless act has been successfully met by a refusal on the part of the boys to taste one drop of it.

Another reform effected by the press has been that of a change in the administration of the funds of the institution. We found here a self-elected body of almoners and directors, originally fifty in number, reduced, by the corruptions of time, to less than twenty-five persons, not one-half even of whom ever assembled in conclave, except to defeat some project of reform, or silence some inconvenient querist. This deliberative body, at once the directors, treasurers, and auditors of its own accounts, has been increased to the full amount of members, and driven by the pressure from without, has itself appointed a distinct committee of *auditors*, of which one-half consists of six thoroughly independent governors.

A third, and yet, to our readers, more interesting reform, consists in the adoption of a law by the committee of almoners, that henceforth every vacancy in the medical appointments of the hospital shall be announced by advertisement, and thrown open to the freest and fairest competition. The design being just, we can only ask for the exercise of a good judgment in the decisions on the claims and merits of the candidates. At any rate the golden days of the greedy cormorants are passed in the medical department of the institution. No more committee appointments, no more nepotic influence, no more self-naming of nephews and noodles, will there be, so far as four hundred electors can form an obstacle to the system which was upheld by twenty-five.

To this gratifying report we wish we could add better news of the pestiferous ring-worm. That curse, alas! still remains without eradication. Nay, its influence spreads; it is actually on the increase. No new measures have been adopted for its arrest; no efficient practitioners have been employed to subdue its ravages. Reform in this respect must await *a "vacancy."* The instructive efforts of the professors are still impeded, and the usual Easter half-yearly admission of new boys has been adjourned to midsummer, and then a diminution in the entrances has been directed. Such are the resolutions which the deceived and juggled governing powers have been persuaded to pass, under the dread of *fresh introductions of the disease!*

The octogenarian apothecary remains in office.

THE case of the KING, on the prosecution of JAMES ROBERTS, *versus* JONATHAN MONCKTON, surgeon, for an assault committed on ROBERTS, in the workhouse at Brenchley, in Kent, on the 14th of February last, came on for trial at the Maidstone Spring Assizes, before Sir STEPHEN GASELEE, on Wednesday, the 18th inst. NATHANIEL H. ARTHY, clerk, was included in the indictment, true bills having

been found against both parties on the charge of forcibly performing a "surgical" operation; but that "reverend" person having appeared and pleaded, traversed his trial to the next assizes. After a patient investigation of the evidence, the whole trial occupying six hours, a verdict of "guilty" was returned against the defendant MONCKTON.

We have the means before us of furnishing a full and complete account of the trial; but cannot prepare it for publication in time for the issue of the present number of THE LANCET. We, therefore, content ourselves this week with saying, in addition, that Mr. Justice GASELEE deferred passing the sentence of the Court,—not in consequence of the existence of any doubt in his mind as to the *law* of the case, the jury having decided on the facts,—but because he regarded the circumstances as too important for pronouncing judgment until he had conferred with his brother judges on the case, as he believed that it was the first of the kind which had been tried in a British Court of law. He therefore held Mr. MONCKTON under recognizances to appear and receive judgment, when the court above should cite him for that purpose.

The hardihood with which Dr. JOHN BRANSTON WILMOT and some others employed the words "untruths," "wilful misrepresentations," "false and unjust insinuations," "gross exaggerations," and "pure inventions," with reference to the first public notice of this outrage, is of a piece with nineteen-twentieths of the "flat contradictions" which are given to the statements of the independent portion of the medical press,—but for whose exposure, some weeks since, of the leading facts of the case, it is most probable that not one word relating to it would ever have been heard in a court of justice.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

BEFORE inserting the communication which we have received from "***F.R.M.C.S., L.,***" relative to the election of the distinguished president of the above Society, our correspondent must favour us with answers to the following questions:—

1st. Was not Mr. EARLE the *senior* of Sir BENJAMIN BRODIE on the list of members of the Society?

2nd. Did not some member propose that the eminent Sir BENJAMIN BRODIE should be chosen president at the last election of officers, the celebrated Mr. EARLE being passed over in the choice?

3rd. Did not Mr. EARLE, on learning that this proposition had been made, indignantly send in his resignation?

4th. Did not Sir B. BRODIE, on being informed of Mr. EARLE's resignation, withdraw?

5th. Did not Mr. EARLE, on being informed of Sir BENJAMIN's withdrawal, willingly *accept office*?

6th. Who communicated with Sir B. BRODIE on this matter?

7th. Who communicated on the subject with Mr. EARLE?

On some of these points our correspondent must be aware that he has carefully avoided entering in his defence of the reputation of the now *Royal Medical and Chirurgical Society*. Distinct answers must, therefore, be given to the above queries, before the Editor can allow *F.R.M.C.S.L.* to call in question either the accuracy or the veracity of his sources of information on this occasion.

ST. GEORGE'S HOSPITAL.

ERYSIPELAS, WITH DIFFUSE CELLULAR INFLAMMATION.

A CASE of erysipelas, with diffuse cellular inflammation of the arm, reported in a late No., and which has since terminated fatally, obtained the following clinical notice from the surgeon a few days after the man's death:—

I commence my remarks upon this case, by observing that there are certain periods, both of life and time, in which certain diseases appear to be more com-

mon than others to the system, and this case peculiarly illustrates that fact. When I was a pupil—nay, when I was assistant-surgeon of this hospital, it was very rare to meet with cellular inflammation like this occurring after any accident, however unfavourable it might be. In conversing, however, with Mr. KEATE upon this subject, I find that such cases as these first became common when the government took off the duty from gin and other spirits, and it is very true that those persons in whom this severe cellular inflammation is most common, are generally addicted to dram-drinking—a fact which if you fail to discover during life, and it is sometimes difficult, you can generally obtain from the honest testimony of a post-mortem. After some experience in such cases, we were enabled to establish what were the peculiar instances in which we might expect this peculiar morbid affection to occur, and since no after-treatment proves of service, it became a matter of importance to ascertain what prophylactic means would check its supervention. The first idea that struck me on this point, was the propriety of allowing the same quantity of stimuli to patients as they had previously used to indulge in. They could not bear abstinence from it, and it is wonderful how few of the patients who have been thus treated have had attacks of cellular inflammation. A gentleman placed himself under my care some years ago to have his testicle removed. Up to the period of my performing the operation, he had (as I afterwards learned) led a very irregular life, drunk much wine, and was taking brandy in drams all day long. He died from diffusive cellular inflammation of the scrotum. A person scratched his arm, and another individual met with a slight accident of a similar nature. Both these persons being of bad unhealthy constitutions, they died of this cellular inflammation. These cases will be sufficient to prove to you how very disproportionate the first set of symptoms are to the secondary symptoms. A man was admitted into this hospital with a compound fracture of the right leg. The surface of his body was as yellow as if the skin had been injected with bile. The leg took on this cellular inflammation, and I punctured it with a lancet, and sent some of the fluid that exuded to Dr. PROUT, who examined, but could make nothing of it. He analyzed it for bile, but could find none, and having exhausted the stock he had received from me, he could make no further experiments on it. The punctures continuing to discharge, I sent him some of the patient's linen, which was saturated with it, and was of a green and yellow tinge, to Dr. PROUT, who told me that he found it was impregnated with prussian blue, which is, I believe, a ferroginate of the peroxyde of iron. I mention to you this circumstance, because it proves a fact that may be followed up with great advantage; for if it be proved that this serum which is effused under the cellular texture, be the poisonous agent which destroys the vitality of the part, we shall have gained a great step towards combating the disease. The idea of a local morbific virus, is also supported by the following case:—A man was bitten by a rattlesnake, and nearly expired from the effects. Syncope followed the accident, diffuse inflammation of the cellular tissue around the bite supervened, and there was the same constitutional disturbance as occurs in cases which are more idiopathic. If the report of this case be correct, it follows that your treatment of such a case ought to consist in giving free exit to the poisonous secretion, either by puncturing, or by making free incisions in the part with a lancet through the skin covering it. This latter method you will find to be the best, where œdema, emphysema, or suppuration, is present. Your only chance of preserving the vitality of the cellular membrane beneath the skin, is to give free exit to the poisoning fluid which it secretes, for it is a law of the animal economy, that when any part situated beneath another is destroyed, the structure superimposed also suffers. Incisions with the scalpel will evacuate the sloughs beneath, granulations will spring up from the bottom, the parts will heal, and the patient soon get well. There is one very singular fact noticed in this disease—I mean the peculiar disposition to metastasis which it shows. It would seem, indeed, that this erratic transference of the disease from one part of the body to another, constitutes a leading symptom of the affection. You know that all metastases of disease occur through the intervention of continuous tissue between the parts. The metastasis in this man's case only occurred twenty-four days after his admission. MORGAGNI has published some cases of injury of the head, which terminated fatally from the formation of abscesses in the lungs. DESAULT, also, has narrated some cases of abscess of the liver succeeding to injury of the head, and I have had the opportunity of seeing many cases where matter had formed between the cranium and the dura mater, where, eventually, inflammation of some part of the cellular structure of the body has taken place, and, on examination after death, I have frequently found traces of

purulent deposition in the lungs. Some surgeons believe that the absorbent vessels possess the power of taking up this fluid, and depositing it in another part of the body by means of the capillaries of the part; but this theory is false, as, in some cases, the inflammation in the part originally affected does not proceed to suppuration. A more correct solution of whatever is problematic in such instances appears to be this,—that a certain febrile state of the system is set up in some part of the body, determining this peculiar species of inflammation to this part. Or, in common fevers, we have something very analogous to this, causing a determination of blood in greater or less quantity to any of the internal organs, such as the brain, the lungs, or the liver, occasionally terminating in abscesses which have sometimes been termed "critical." This diffuse inflammation of the cellular texture comes on in so insidious a manner as to cause at first but little apprehension as to the result. The pulse becomes quick and small; the countenance is pale, languid, and sallow, and, after a certain time, exhibits great anxiety; but the patient makes no great complaint, nor, apparently, is there much the matter with him. Inflammation of the part first begins, and then there are œdema, and, afterwards, suppuration and sloughing. Although the precise characters of this inflammation are at first somewhat ambiguous and indistinct, you may, if you pay attention, most clearly distinguish it from erysipelas. The colour of the skin is, in this case, of a more dingy hue, and it has not the characteristic marginal rim which more especially marks the boundary of erysipelatous inflammation. The patient loses strength every day, the tongue becomes dry, red, and encrusted; there are aphthous ulcerations about the mouth and fauces, and he soon sinks and dies. As this disease is highly indicative of a low state of the system, it would be perfectly absurd to have recourse to any antiphlogistic measures for its relief. If you bleed and purge your patient, you deprive him of much of that strength and stamina which are essential to recovery; on the contrary, your plan of treatment should be such as to support his strength. Give him bark, wine, ammonia, and raw brandy, if he seems to require it. Do not merely make simple punctures, but bold and free incisions into the parts. When this affection of the cellular membrane is set up in deep-seated parts, the patient never recovers. At least (said Sir BENJAMIN BRODIE, in conclusion) I have never heard of a case of recovery.

CORRESPONDENTS.

Mr. Beaumont of 31, Penton-street, Pentonville, has been strongly recommended to us by a competent judge who is personally acquainted with his abilities as a teacher of foreign languages.

Observer is informed that the authentication of his letter has been received, but in consequence of some inquiries which are in progress for our satisfaction as to the exact *character* of the transaction, his statements must remain unnoticed this week.

W. The operator in *that* case was Mr. Rose of *St. George's Hospital*, now deceased. The operation was performed in the year 1826 or 27.

X. Yes; but it is very uncertain at what time the change will be effected.

Can *A Subscriber* resupply us with the statement respecting the alleged "chicanery?" The circumstances have escaped our memory.

Corrected reports of their several orations at the late grand veterinary dinner not having yet been returned to us by the speakers, we cannot this week give insertion to the account of that interesting and important festival.

ERRATUM.—The name of Mr. Barnett at page 896 of our last No., should have been printed JOHN HALES BARNETT.

END OF VOL. I.—1834-35.

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